

Education Authority of the County of Lanark.

TWENTIETH ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN.

1928-1929.



HAMILTON:

PRINTED BY JAMES S. FORREST & SON, BRANDON STREET



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28658760>

CONTENTS.

	PAGE
Letter of Address,	5
Detailed List of Staff,	6
Scheme of Medical Inspection, Supervision and Treatment, ...	7
I. List of Staff,	7
II. Number of Schools,	7
III. Visits to Schools,	8
IV. Special Visits to Schools,	8
V. Sanitary Condition of Schools,	9
VI. (A) Organisation and Administration,	9
(B) School Nurses,	9
(c) Arrangements for "Following Up,"	10
(D) Supervision of Infectious Disease,	10
(E) Co-ordination with Public Health Services,	11
(F) Presence of Parents at Inspection,	12
(G) Special Examinations :—	
Infectious Disease,	12
Absentee Pupils,	13
Physically Invalid Children,	14
Mentally Invalid Children,	14
Students in Preliminary Training,*	14
Visits to Special Classes,	15
Employment of Children Act,	16
Adult Blind Persons,	16
Staff,	16
Necessitous Children,	16
VII. Physical Condition of School Children,	18
(A) Total Number Examined,	18
(B) Number Notified as Suffering from Defects,	20
(c) Number of Children Receiving Attention,	21
(D) Clothing,	22
(E) Footgear,	23
(F) Average Heights and Weights,	23
(G) Cleanliness—Head and Body,	24
(H) Condition of Skin—Head and Body,	24
(I) Nutrition,	25
(J) Teeth,	25
(K) Nose, Throat and Lymphatic Glands,	25-26

	PAGES
(L) External Eye Disease,	27
(M) Visual Acuity,	27
(N) Ears,	28
(O) Hearing,	28
(P) Speech,	29
(Q) Mental Condition,	29
(R) Heart and Circulation,	30
(S) Lungs,	30
(T) Nervous System,	31
(U) Tuberculosis—Non-Pulmonary,	31
(V) Rickets,	32
(W) Deformities,	32
(X) Infectious or Contagious Disease Table,	
(Y) Other Diseases or Defects,	33
VIII. Special Schools and Classes,	33
IX. Arrangements for Physical Education,	34
X. Feeding of School Children,	34
XI. Arrangements for Medical Treatment,	35
Table A, showing Number of Pupils Examined in each S.M.C. Area,	
Table B, showing Remedial Measures instituted in each S.M.C. Area,	
Report on Visual Treatment by Authority's Part-Time Ophthalmic Surgeons, with Relative Tables—C., D., E.,	36-44
Report on Dental Treatment Throughout Whole Area, with Relative Table F,	45-49
Report on Treatment of Diseases of Ear, Nose and Throat,	50-51
Minor Ailments Clinics, with Relative Table G,	52-55

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
AUTHORITY OF THE COUNTY OF LANARK.

Mr Chairman, Ladies and Gentlemen,

We beg to submit the Twentieth Annual Report on the
Medical Inspection, Supervision, and Treatment of School Children
in the County of Lanark for the year ending 31st July, 1929.

We are,

Your obedient servants,

JOHN MACINTYRE.

W. JONES MACKINNON.

School Medical Inspection Offices,
3 Clydesdale Street,
Hamilton, November, 1929.

LIST OF STAFF.

NORTHERN DIVISION.

Principal School Medical Officer.
JOHN MACINTYRE,
M.B., Ch.B., D.P.H.

Assistant School Medical Officers.
IAN C. MACKENZIE,
L.R.C.P. & S.Ed., D.P.H.
CATHERINE B. WILSON,
M.B., Ch.B., D.P.H.

ANN K. CORMACK, M.B., Ch.B.

Dental Surgeons.

WILLIAM KERR, L.D.S.
ALEXANDER RAE, L.D.S.
ARCH. W. M. WATSON, L.D.S.

SOUTHERN DIVISION.

Principal School Medical Officer—
W. JONES MACKINNON,
M.D., C.M., D.P.H.

Assistant School Medical Officers—
ANDREW G. REEKIE,
M.B., Ch.B., D.P.H.
JOHN YOUNG,
L.R.C.P. & S.Ed., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
ANDREW C. F. RANKIN, L.D.S.
ELIZ. WATSON, L.D.S.

Part-Time Ophthalmic Surgeons.

ERNEST THOMSON,
M.A., M.D., F.R.F.P.S.G.

H. SOMERVILLE MARTYN,
M.A., M.B., CH.B.

JAMES R. WATSON,
M.A., B.Sc., M.D., D.P.H.

JAMES A. WILSON,
M.D., D.P.H.

JOHN A. MORTIMER, M.D., M.R.C.P.E.

Part-Time Ear, Nose, and Throat Specialist.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

NURSES.

ISOBEL T. COCHRAN.
(a) CHRISTINA CRAIB.
ANNIE N. DOUGLAS.
FLORENCE D. FLEMING.
ISABEL MACKINNON.
MAY B. B. YOUNG.
MARJORIE M'DOUGALL.
MINNIE B. H. WOLFE.
MARGARET C. R. SUTTER.
AGNES L. D. MILLER.
(b) HELEN PARK.

MARTHA M. CHISLETT.
ANNIE DOBIE.
AMY T. HISLOP.
FRANCES M'KEE.
ISABEL TAYLOR.
MARY A. YATES.
MARJORY F. MACGILLIVRAY.
GEORGINA WALLACE.
MARY M. BENNETT.
(c) JEAN HANNAH.

Clerical Staff.

ROBERT A. M'ROBBIE.
JOHN PORTER.

HELEN S. STEVEN.
JEAN B. THOMSON.

SARAH M. B. CLARK.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

The personnel of the Medical Inspection, Treatment, and Nursing Staffs is as detailed on page 6 of this Report. On 19th October, 1928. Miss Christina Craib resigned her appointment as School Nurse on account of her approaching marriage, after having given over eleven years of excellent service to the Authority. The vacancy caused by her resignation was filled by the appointment of Miss Helen Park, who commenced duty on 16th November, 1928. On account of the extra duties caused by the opening of a minor ailments clinic at Blantyre, the Authority, with the consent of the Scottish Department of Health, appointed Miss Jean Hannah on 15th January, 1929, as an additional nurse to the permanent staff. No other changes in the staff fall to be recorded.

II.

(a) Number of Schools in the whole Educational Area:—

Primary	...	..	...	...	224
Secondary	...	...	...	...	21
Special Schools or Classes	...	...	...	...	11

(b) Number of Children on Register	...	100,289
Number of Children in Average	...	
Attendance	...	91,518

In the spring of this year the new Roman Catholic school at New Stevenston was formally opened. This school has a recognised effective accommodation for 970 pupils and has greatly relieved the overcrowding which has existed for some time at Mossend R.C. school. The Authority has now sanctioned the building of a new special school at Dalton to serve the needs of invalid children residing in Rutherglen, Cambuslang and Blantyre districts, and, when completed, will replace the special classes for these children which are presently being conducted at Gateside Public School, Cambuslang.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

During the year under review the School Medical Officers paid 1454 visits in connection with the routine examination of the pupils. As in former years, the groups of children examined at these routine visits were:—(1) Entrants, 5-6 years old; (2) Intermediates, 9 years old; (3) Seniors, 12 years old; (4) Secondary Pupils, 16 years old; and (5) Special Cases.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICERS.

Following upon the routine examination of the pupils a systematic course of revisiting of the schools for purposes of supervision still continues to be undertaken. Unlike the visits paid for routine inspection, which are always duly notified to the schools some time in advance, these special visits are in the nature of "surprise" visits, no intimation being generally sent to the school of the date when the Medical Officer may be expected. Thus, the children are seen in their normal state of dress and cleanliness, and pupils who, through sickness, were absent from the routine examination, or who, perhaps, wilfully absented themselves, are brought before the doctor. In addition to these visits of supervision, many visits were paid by the medical staff to examine applicants for boots, clothing, and food, and also to conduct special examinations of invalid children who might require to be sent to a special school or institution. Absentee children also are generally examined at the school nearest to their homes. As has been frequently emphasised in previous Reports, only in very exceptional circumstances are such special examinations conducted at the child's home. Special visits to schools are also made by the medical staff during epidemic periods and also for purposes of sanitary supervision.

The number of special visits made during the year for purposes of supervision, including visits paid for examinations in connection with food, clothing, absenteeism, etc., amounted to 955, the total number of children re-examined during these visits being 21,295. For the number of children specially examined for malnutrition, boots, or clothing, applicants for employment licence, and invalid

and absentee children, see summary on pages 18 and 19 of this Report.

V.

SANITARY CONDITIONS OF SCHOOLS.

There is nothing of special importance to record under this heading. The sanitary condition of the schools continues to be generally satisfactory. In some schools the distribution of the heating may require adjustment.

VI.

(A) ORGANISATION AND ADMINISTRATION.

No important change has occurred in the scheme of organisation, full details of which were given in the Report for year ending July, 1920 (pages 8-10).

(B) SCHOOL NURSES.

1. NUMBER ON STAFF.

The total number of nurses on the Staff is 20. These are allocated as follows:—7 for medical inspection and supervision, and 13 for treatment. The work in connection with the minor ailments clinics has shown a steady tendency to progress, and the work thrown on the medical and nursing staffs is proportionately increased. The opening of a new minor ailments clinic at Blantyre, the need for which was mentioned in last year's Report, took place in February of this year, and this necessitated the appointment of an additional nurse.

2. DUTIES IN SCHOOL.

For a detailed account of the duties of the nursing staff in schools and clinics see Report for year 1919-20 (page 10).

3. DUTIES IN VISITING.

The work undertaken by the nursing staff in connection with the "following up" of cases has been fully gone into in previous Reports. Although the actual number of children requiring a home

visit as a result of medical inspection at school shows a distinct tendency to diminish, the number of cases requiring "following up" from the minor ailments clinics has gone up considerably. These latter cases are principally children who, largely through negligence on the part of the parent, have ceased attending the clinic before a complete cure has been effected, or who are not having the prescribed treatment regularly carried out at home in the intervals of their attendance at the clinic. Again, the clinic nurses pay regular visits to all the schools in the area served by the clinic in order to discover whether any cases of contagious skin disease, eye-trouble, or ear disease are attending school without any remedial measures being carried out. During the year 751 visits were paid by the nursing staff to the homes of the children.

(C) ARRANGEMENTS FOR "FOLLOWING UP".

These arrangements were explained in the Report for year 1919-20. In addition to the work done in this connection by the Authority's own staff, considerable assistance is regularly given by the Inspectors of the Society for the Prevention of Cruelty to Children. These officers have always shown the greatest willingness to co-operate with the School Medical Staff in dealing with a certain type of parent and have carried out their duties with tact and zeal. The very small number of instances in which it is found necessary to take court proceedings is a tribute to the efficacy of the inspectors' visits.

(D) SUPERVISION OF INFECTIOUS DISEASE, INCLUDING SCHOOL CLOSURE.

The arrangements which were come to with the various Sanitary Authorities for dealing with infectious diseases in school (fully explained in the Report for year 1919-20) continue to be efficiently carried out. The most outstanding infectious epidemic which occurred during the year was Influenza which appeared just before Christmas and which gradually increased, both in severity and incidence, till the month of February. From this date the epidemic began to diminish rapidly. While it lasted, however, the effects on school attendance were severe, in some cases as many as 60 per cent. of the pupils in certain departments—principally the infant and junior departments—being absent for varying periods. It has to be pointed out, however, that when an epidemic of influenza appears in a district, a very considerable proportion of the children kept off school and notified as suffering from

"influenza" are not actually suffering from more than a common cold, a slight bronchial catarrh, or even a disordered stomach, and are fit to resume school attendance within a few days. During an influenza epidemic the number of absentee children who are actually medically certified as suffering from the disease is relatively small. The usual practice is for the parents to send a verbal message to the school intimating the absence, and in a great many instances no doctor has been summoned to attend the case, the diagnosis of the condition being made by the parents or neighbours. In other instances, not few in number or limited to the presumably uninformed sections of the community, the absence from school is due to parents wilfully keeping children at home on the quite unfounded assumption that school is the "*fons et origo*" of all the ailments that afflict the juvenile frame. Hence, the statistics regarding the incidence of influenza amongst school children are undoubtedly erroneous.

Whilst there were sporadic cases of measles, mumps, diphtheria, and scarlet fever met with during the year, none of these diseases assumed severe epidemic proportions. In no instance was it found necessary to recommend closure of a school or even of a department.

Thanks are due to Dr Brownlie, County Bacteriologist, for his examination of the specimens and swabs submitted to him by the School Medical Officers. During the session reports on 68 cases were given by Dr Brownlie.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

As formerly, the co-operation with Public Health and Sanitary Authorities both in the County and Burghs was of the closest nature, and information regarding infections and contagious diseases was freely exchanged. Not only did this apply to the usual notifiable diseases, but the School Medical Service kept the various Medical Officers of Health informed of the presence of all infectious or contagious conditions discovered. On the other hand the School Service was kept informed of certain child contact cases—notably these of proved pulmonary tuberculosis—so that special supervision of such contacts might be given. As formerly, special disinfection of class rooms was always freely afforded by the various Sanitary Authorities when such was requested.

(F) PRESENCE OF PARENTS AT INSPECTION AND TREATMENT CENTRES.

In practically every instance where a parent is requested to be present at a special examination of a child does that parent comply, or, if unable to be present personally, an adult representative—either a relative or reliable neighbour—is sent. The parents are now recognising that when a special request is sent to them to be present at the examining or treatment centre it is not to be regarded as a mere formal notice and, consequently, they generally make a great effort to be in attendance to meet the medical officer, ophthalmic surgeon, or dentist.

It is otherwise in the case of the routine medical inspection of the pupils at school where the attendance of parents is relatively small. When all is said, notwithstanding the theoretical value of the presence of all parents at routine inspection, there is, in the vast majority of cases, no call for the parent to be in attendance unless there is information of importance to communicate. Should any serious condition be discovered by the medical officer an intimation is sent to the parent and a personal interview asked for. But to summon thousands of busy and harassed housewives, many of whom may have to come a considerable distance, to attend the examination of children, the great majority of whom are healthy boys and girls, is straining theoretical values to the point of absurdity. Moreover, such a procedure entails a very heavy drain on the already limited time of the Medical Officer.

(G) SPECIAL EXAMINATIONS.

(a) *For Infectious or Contagious Diseases.*—During the year several visits were made to schools by the Medical Officers as a result of notification by the head teacher of the suspected or actual presence of infectious or contagious disease amongst the pupils. Teachers are now becoming much more alert in recognising skin conditions, and more instant in calling for exclusion of the case from school, and if their diagnosis of disease is occasionally in error, they may comfort themselves with the reflection that it is not a failing confined solely to the layman. The medical officers would certainly much prefer to be called to a school unnecessarily by a teacher who is, perhaps, over-anxious as regards the health of his scholars, than to visit a school and find that the teacher's gaze is so fixedly centred on the attendance register that he, or she, has failed to observe a most obvious case of, say, impetigo, in the class.

The nurses attached to the minor ailments clinics make regular tours of the schools served by the clinics and obtain early cases of contagious skin trouble or eye disease. Every endeavour is made to have such children sent to the clinic forthwith. It is almost unnecessary to state that rigid exclusion of all suspected or actual cases of infectious or contagious disease is insisted upon.

(b) *Absentee Pupils*—During the year a very considerable number of special examinations was conducted of children whose absence from school was of a prolonged character, and in whose case the local School Management Committee desired guidance. The requests for such examinations vary very greatly in different areas, as will be observed from the following tabular statement. In addition to the cases submitted from School Management Committees, many requests come direct from the head teachers of the schools. During the year the number of special examinations conducted in connection with absentee children amounted to 656. The following were the School Management Areas from which the requests were received:—

Old Monkland	...	...	...	...	202
Bothwell	...	...	...	...	111
New Monkland	...	...	...	...	59
Rutherglen	...	...	...	...	47
Hamilton	...	...	...	...	47
Cambuslang	...	...	...	...	37
Blantyre	...	...	...	...	30
Shotts	...	...	...	...	26
Dalziel	...	...	...	...	25
Larkhall	...	...	...	...	20
Cadder	...	...	...	...	14
Lesmahagow	...	...	...	...	11
Cambusnethan	...	...	...	...	8
Carluke	...	...	...	...	7
Lanark	...	...	...	...	4
Carnwath	...	...	...	...	3
East Kilbride	...	...	...	...	2
Stonehouse	...	...	...	...	2
Biggar	...	...	...	...	1
					<hr/> 656 <hr/>

(c) *Physically Invalid Children.*—The number of cases of physically invalid children examined each year still continues to be large and will probably increase, at least for a considerable time, when the Authority's full scheme of special schools is in operation. If it is true that demand is inevitably followed by supply, it is equally true that supply increases the demand. Thus, it is found that where a special school has been instituted the requests for medical examination with a view to admission to such a school immediately increase very markedly. This, at least, is the experience in this County, and is probably also the finding in other parts of the country where special schools have been established. The knowledge that an invalid child will certainly be transferred back to an ordinary school whenever his health has been restored makes parents much more ready in consenting to their children attending a special school, and, in course of time, when the special school is recognised as an essential factor in the educational life of the country any lingering opposition on the part of parents will become almost negligible. But let such schools be designated correctly and, once and for all, rigidly exclude such terms as "cripple" and "defective" when referring to special schools. Appeals have been made for many years in these Reports to have these objectionable adjectives discarded, but the terms still frequently appear in all their ugliness and offensiveness even in official Reports.

The total number of physically invalid children specially examined during the year amounted to 465. This number includes 2 blind children, 8 deaf-mute children, and 9 cases of high myopia.

(d) *Mentally Invalid Children.*—During the session 72 children, reported as suffering from some degree of mental disability, were specially examined. In 27 cases the disability was of such a severe degree as to render the child uneducable. These cases were duly reported to the General Board of Control and to the respective Parish Councils. Included in this latter group were certain children, who, after more or less prolonged trial at special classes for retarded children, were found to be unable to profit by the instruction given or who had otherwise become unsuitable for further attendance.

(e) *Students in Preliminary Training.*—In accordance with the Regulations for the Preliminary Education, Training, and Certification of Teachers, 193 candidates were examined by the School

Medical Officers. The physique of the candidates was, generally, very satisfactory. In one or two instances only was it considered advisable to defer acceptance on account of functional heart disturbance, but in several cases acceptance of the candidates was deferred because of their highly unsatisfactory dental condition. That the repeated warnings which have been given of a possible rejection of candidates who suffer from grossly unsatisfactory dental hygiene are being taken to heart was quite apparent from the number of candidates who gave evidence of having received recent and fairly drastic dental treatment. But it did not seem quite right that those, who, as trained teachers, will shortly have to exercise a considerable degree of supervision over the physical well-being of their scholars should themselves only take the most elementary steps in ensuring physical fitness under dire compulsion.

For many years it has been the regular practice in this County to submit all students in training to a thorough medical examination each year, so that the risk of rejection, on medical grounds, by the Training College Authorities might be reduced to a minimum. As a result of a communication received from the National Committee for the Training of Teachers suggesting the medical examination of pupils about to proceed to a University with a view to entering the teaching profession, the Authority brought the suggestion before the Headmasters of Secondary Schools, and as a result no fewer than 89 such pupils voluntarily submitted themselves for examination by the School Medical Officers.

(f) *Visits to Special Classes.*—Regular and frequent visits were paid during the year to the special classes for physically invalid, mentally retarded, and deaf-mute children. A careful note is kept of the physical and scholastic progress of these children and when, in the opinion of the medical officer, the health of a child is sufficiently restored to permit of attendance at an ordinary school the parents are notified and the transference is duly carried out. This procedure only applies, for obvious reason, to the physically invalid child and does not affect mentally invalid, blind, or deaf-mute children. It is very gratifying to record that during the year a considerable number of pupils in attendance at the special schools

regained normal health and, frequently with considerable reluctance on their part, resumed ordinary school attendance.

(g) *Employment of Children Act*.—During the year, 745 applicants for licence to engage in part-time employment were examined by the Medical Officers, and of this number 721 were passed as suitable persons to receive a licence. Rather more than 50 per cent. of the applications were for the purpose of milk carrying, and, approximately, 30 per cent. for delivery of newspapers. As formerly, particular attention was given not only to the physical fitness of the applicants but also to the cleanliness both of their body and clothing. There was a considerable fall in the number of applicants for licences during the year, there being 319 fewer than the previous year. It is difficult to give a reason for the reduced numbers of applicants unless it be that certain employers are engaging children who do not hold the Authority's licence. On the other hand, the very great increase in the supply of bottled milk, whereby milk can be kept fresh overnight, may be doing away to a considerable extent with the necessity for early morning delivery.

The accompanying Table shows in detail the number of applications received, granted, and refused, and the nature of employment for which application was made.

(h) *Adult Blind Persons*.—In accordance with the Blind Persons Act, 1920, examination was made of 11 persons to ascertain whether they were physically and mentally fit to undergo a regular course of technical training.

(i) *Members of Authority's Staff*.—During the year 19 members of the Authority's Staff and applicants for the post of Attendance Officer or Janitor were medically examined and reported upon.

(j) *Examination of Necessitous Children*.—Unemployment was still very prevalent in many districts of the County, but in spite of this the number of applications received from parents for the supply of boots, clothing, or food was smaller than for the previous year. The total number submitted to the Medical Officers for examination amounted to 820 compared with 993 for the year 1927-28.

Bye-Laws under the Employment of Children, Act, 1903, and Education (Scotland) Act, 1918.

STATEMENT SHOWING NUMBER OF CHILDREN EXAMINED, NUMBER OF CERTIFICATES GRANTED OR REFUSED, AND NATURE OF EMPLOYMENT.

SCHOOL MANAGEMENT AREAS.	No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.				
		Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Messages.	Lather Boy.	Miscellaneous
Avondale	10	9	1	6	—	3	—	—
Biggar	12	12	—	5	1	6	—	—
Blantyre	35	34	1	7	19	8	—	—
Bothwell	122	119	3	56	38	25	—	—
Cadder	25	23	2	18	3	2	—	—
Cambuslang	85	84	1	52	18	14	—	—
Cambusnethan.. . . .	17	17	—	11	5	1	—	—
Carluke	9	8	1	—	8	—	—	—
Carnwath	3	3	—	2	1	—	—	—
Dalserf	21	19	2	6	11	2	—	—
Dalziel	69	69	—	31	25	13	—	—
Douglas.. . . .	—	—	—	—	—	—	—	—
East Kilbride	20	20	—	8	2	9	1	—
Glassford	—	—	—	—	—	—	—	—
Hamilton	31	29	2	12	10	7	—	—
Lanark	24	24	—	18	—	6	—	—
Lesmahagow	—	—	—	—	—	—	—	—
New Monkland	26	23	3	12	7	4	—	—
Old Monkland.. . . .	77	71	6	37	26	6	2	—
Rutherglen.. . . .	130	129	1	92	26	6	5	—
Shotts	22	21	1	6	13	2	—	—
Southern	—	—	—	—	—	—	—	—
Stonehouse.. . . .	7	7	—	4	—	2	1	—
	745	721	24	383	213	116	9	—

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations:—

		Boys.	Girls.
Entrants (6 years old and under)	...	5,130	5,076
Intermediates (9 years old)	...	5,141	5,081
Seniors (12 years old)	...	5,072	4,779
Secondary Pupils (16 years and over)	...	369	263
		<hr/>	<hr/>
		15,712	15,199
		<hr/>	<hr/>

Total ... 30,911

(b) Special Cases (non-routine) ... 5,934

Grand Total ... 36,845

(c) Pupils examined at Re-visits:—

Number examined at 1st Re-visit	...	8,589
„ „ 2nd „	...	8,058
„ „ 3rd „	...	2,888
„ „ 4th „	...	289
		<hr/>
		19,819
		<hr/>

(d) Examination of Students in Preliminary Training:—

Entrants	...	87
During Training (1st, 2nd, and 3rd years)	...	193
Voluntary Examination of students proceeding to University	...	89

(e) Examination of Physically and Mentally Invalid Children in attendance at Special Classes:—

1. Physically Invalid	...	629
2. Mentally Invalid	...	229

(f) Special Examination of Physically and Mentally Invalid Children:—

1. Physically Invalid	...	165
2. Mentally Invalid	...	72

(g) Special Examination of Irregular Attenders:—					
Number examined	...	...	...	...	130
(h) Examination of Children under Employment of Children Act (1903):—					
Number examined	...	...	...	...	745
(i) Examination of Adult Blind Persons (Blind Persons Act, 1920)					
...	...	...	...	...	11
(j) Examination of members of the Authority's Staff					
...	...	...	...	...	19
(k) Examination of Necessitous Children (Malnutrition, Boots, etc.)					
...	...	...	...	...	820

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

1. Dental Treatment:—					
Number of Children Dentally Examined	...	...	...	...	72,822
Number of Children Notified	...	...	...	...	49,064
Number of Children Dentally Treated	...	...	...	...	20,471
2. Visual Treatment:—					
Number of Children Treated by the Ophthalmic Surgeons	...	...	...	...	3,104
Number of Children Re-examined by the Ophthalmic Surgeons	...	...	...	...	3,916
Number of Attendances at the Ophthalmic Clinics	...	...	...	...	7,020
3. Ear, Nose, and Throat Treatment:—					
Number of Children Treated by Nose and Throat Specialist	...	...	...	...	369
Number of Attendances at Treatment Centres	...	...	...	...	703
4. Treatment of Minor Ailments:—					
Number of Children Treated	...	...	...	...	7,133
Number of Attendances made	...	...	...	...	55,392
5. Clinics attached to Special Schools:—					
Number of Attendances made	...	...	...	...	12,299

(B) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DISABILITIES.

The number of children notified to parents on account of some disability, whether of a minor or serious nature, discovered during examination at school was 12,430, and the total number of disabilities notified—exclusive of dental defects—was 18,142, that is, an average of 1.4 per child notified.

As has been found in previous years, conditions of uncleanness constitute the majority of the notified cases and the considerable number of these cases still appearing in the statistics is not satisfactory. The statistical figures, however, have got to be carefully analysed, otherwise a wrong conclusion might be arrived at. Thus, it is quite possible to find that one neglected child may present no fewer than 8 notifiable conditions, each of which appears in a separate statistical column, e.g., (1) insufficient clothing; (2) clothing in need of repair; (3) dirty clothing; (4) unsatisfactory footgear; (5) dirty head; (6) verminous head; (7) dirty body; (8) verminous body, as well as showing some skin or eye disease resulting from bodily uncleanness. Notwithstanding the figures for "uncleanliness," it is an undoubted fact that there is a steady, progressive improvement in the personal cleanliness of the scholars, and the high standard that is demanded by the medical officers accounts in a large measure for the numbers notified. It is the definite opinion of all teachers who have had experience of children in pre-medical-inspection days that a revolution has been brought about in the cleanliness of the pupils and hygienic tone of the schools, and the Authority's medical officers who have had many years of school work are unanimous in stating that the grossly neglected or unclean child is now practically unknown. The effect of education, the higher standard of living, and the improved housing conditions are all, doubtless, important factors in bringing about the improvement, but one cannot dismiss the lurking fear—indeed, the firm conviction—that were medical inspection and supervision of schools to be discontinued, or even relaxed, a falling off from the present standards would very soon manifest itself. Perhaps a time may come when the sense of parental responsibility will attain such a degree of perfection that medical supervision of the school children will become unnecessary, but that time is certainly not yet.

Considering the continued depression in trade throughout the County, the standard of the clothing of the children attending school must be regarded as satisfactory. In fact, the percentage of children with insufficient clothing is actually smaller than that of the previous year, being 0.29 per cent., as compared with 0.31 per cent. for the year 1927-28. The percentages of clothing in need of repair and of dirty clothing also show a small improvement.

These latter figures are a reflex of the scarcity of changes of clothing at home.

There is no evidence of any increase in the numbers of children suffering from impaired nutrition; in fact, the statistics for this year show the nutritional index of the children as rather higher than that of the previous year. This may be due, in some degree, to the absence of widespread epidemics of whooping cough and measles, although it must be remembered that influenza was prevalent in all parts of the County for over two months of the year.

The long continued spell of dry, frosty weather which was experienced during the early part of 1929 caused the figures for such skin troubles as impetigo and blepharitis (inflammation of eyelids) to remain fairly high in spite of the beneficial results which the minor ailments clinics exercise in reducing the incidence of these diseases, and the same climatic conditions were probably responsible for the slight increase in the percentage of cases of enlarged tonsils. On the other hand, there was a very distinct reduction—over 2 per cent.—in the number of cases of enlarged glands, due, in some measure, to the absence of severe, debilitating epidemics. The beneficial effects of school dentistry in reducing the number of cases of enlarged cervical glands must, of course, not be ignored, and, in fact, is probably one of the chief determining factors.

Of the various disabilities discovered during the routine examination of the children the following are the more important:—skin diseases (impetigo, septic sores, etc.), 1,537; external eye diseases (inflamed eyelids, conjunctivitis, etc.), 1,325; enlarged tonsils, 1,689; adenoids, 777; ear diseases, including excessive accumulation of wax, 523; disturbance of heart and circulation, 357; respiratory diseases (bronchitis, catarrh, etc.), 210; nasal obstruction, 165; non-pulmonary tuberculosis, 42; diseases of the nervous system, 32; impairment of vision, 3,819; squint, 811. Other ailments not specially classified in the statistical tables, amounted to 487.

In regard to dental defects, 49,064 children were found to stand in need of more or less urgent treatment. A full account of the dental condition of the school children in the County is given in a subsequent section of this Report (pages 45-49).

The following statistical Tables (D-X) show the number and percentages of children who suffered from one or other of the disabilities mentioned (pages 22-32).

(C) NUMBER OF CHILDREN RECEIVING ATTENTION EXCLUSIVE OF DEFECTIVE TEETH.

Of the 12,430 children notified as suffering from some disability, 7,513, or 60.4 per cent., were found, on subsequent examin-

ation, to be cured, improved, or under treatment. It is gratifying to report that of all cases of visual impairment, whether slight or severe, 59.4 per cent. received treatment, and of the 811 cases of squint reported, 56.6 per cent. came under the care of an ophthalmic surgeon. This latter disability is still looked upon by too many parents as an unfortunate dispensation of Providence for which nothing can, or need be, done, and especially so if the sufferers happen to be boys. With girls, the case is rather different, and mothers are more anxious to have the disfigurement rectified, probably with a view to future matrimonial transactions. How much can be done in the way of conserving vision in a squinting eye and of removing an unsightly blemish has been repeatedly emphasized in these Reports, and in a subsequent section of this present Report. Dr Ernest Thomson, who has been in the Authority's service for many years as ophthalmic surgeon, has given a most careful survey of his experience in dealing with cases of squint occurring in school children. Dr Thomson's findings will be of undoubted interest to his professional brethren and, it is hoped, also to teachers and all who are interested in the physical well-being of young children.

In regard to the treatment of visual defects, during the year 3,104 new cases were treated by the Authority's ophthalmic surgeons. In addition, 3,916 cases were re-examined, making a total of 7,020 attendances at the ophthalmic clinics. A full account of the visual treatment in the whole County is given in a later section of this Report (pages 36-44).

For diseases of the ear, nose, and throat, 369 children were treated by the Authority's rhinologist, necessitating 703 attendances of the patients at the clinics (pages 50-51).

As regards the treatment of minor ailments of the skin, eye, ear, nose, etc., 7,133 children received treatment at the Authority's clinics, the total attendances at the various treatment centres amounting to 55,392. For full details of the work at these clinics see pages 52-55 of this Report.

(D) CLOTHING.

Systematic Cases.							Special Cases.
Number Examined.	Insufficient.		In need of Repair		Dirty.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
30,911	89	·29	807	2·61	1682	5·44	211

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
3,0911	760	2.45	10

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years,	6½	9½	12½
County of Lanark Average, ...	44.5	51.3	55.7
Anthropometric Standard, ...	44.1	50.7	56
Difference,	+0.4	+0.6	-0.3

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years,	6½	9½	12½
County of Lanark Average, ...	44.2	50.5	56.7
Anthropometric Standard, ...	43.6	50	56.8
Difference,	+0.6	+0.5	-0.1

BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years,	6½	9½	12½
County of Lanark Average, ...	47.7	64.5	79.6
Anthropometric Standard, ...	47	64.9	79.4
Difference,	+0.7	-0.1	+0.2

GIRLS—AVERAGE WEIGHT IN LBS.

Average Age in years,	6½	9½	12½
County of Lanark Average, ...	45.9	60.2	80.8
Anthropometric Standard, ...	44.8	59.3	80.2
Difference,	+1.1	+0.9	+0.6

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits).	Per cent.	Verminous.	Per cent.	No. found defective.
30,911	4487	14.52	835	2.70	972

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty. (including Nits)	Per cent.	Verminous.	Per cent.	No. found defective.
30,911	3416	11.05	730	2.36	574

(H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special cases.
No. Examined.	Ring- worm.	Per cent.	Impetigo	Per cent.	Favus.	Per cent.	Other Diseases.	Per cent.	No. found defective.
30,911	4	.013	107	.346	0	—	147	.46	172

(H) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special cases.
No. Examined	Ring- worm.	Per cent.	Impetigo	Per cent.	Scabies.	Per cent.	Other Diseases.	Per cent.	No. found defective.
30,911	5	.016	251	.812	25	.081	794	2.58	661

(I) NUTRITION.

Systematic Cases.							Special Cases.
No. Examined.	Average and above Average.		Below Average.		Very bad.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
30,911	30,047	97.205	842	2.724	22	.071	40

(J) TEETH.

As the dental examination of all school children between the ages of 5 and 12 years, both years inclusive, is undertaken by the Authority's dental surgeons, no record of the condition of the children's teeth is taken by the medical officers at the routine examinations, except in the case of children of 13 years, and 16 years old. A full survey of the work of the dental surgeons throughout the year is given in a subsequent section of this Report (pages 45-49).

With regard to the dental condition of the 16 years old pupils, of the 632 examined, 229, or 36.2 per cent., were found to require treatment. This is a very marked improvement on last year's figures when the corresponding percentage was 46.4. If, and when, the regular dental supervision of school children, at present, owing to pressure of work upon the Authority's dental staff, confined to children of 12 years and under, is extended to embrace all pupils, irrespective of age, the number of senior pupils found with unsatisfactory dental hygiene should show a still greater fall.

(K) (a) NOSE.

Systematic Cases.							Special Cases.
No. Examined.	Catarrh.		Obstruction.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
30,911	2134	6.90	389	1.26	29	.093	127

(K.) (b) THROAT.

Systematic Cases.										Special Cases.
Number Examined.	Tonsils.				Adenoids.				Other Diseases.	
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.		Number.	Per cent.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
	30,911	7050	22.80	1452	4.697	13.9	4.26	572	1.85	54	.17
										545

(K.) (c) LYMPHATIC GLANDS (Submaxillary and Cervical).

Number Examined.	Systematic Cases.						Special Cases.		
	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.	Number found Defective.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
30,911	2859	9.25	81	.26	9	.029	432		1.39	76

(L.) EXTERNAL EYE DISEASES.

Systematic Cases.										Special Cases.	
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
30,911	1082	3.5	443	1.43	105	.33	552	1.78	206	.67	1086

(M.) VISUAL ACUITY.

Systematic Cases.						Special Cases.	
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
*20,705	15,577	75.233	4596	22.197	532	2.569	1503

*Infant Children not included.

(N.) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhoea.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
	307	.99	413	1.33	22	.071	
30,911							166

(O.) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
	242	.78	31	.103	
30,911					68

(P.) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
30,911	253	.81	91	.29	64

(Q.) MENTAL CONDITION.

Systematic Cases.					Special Cases.	
Number Examined.	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
30,911	395	1.27	66	.213	74	86

(R.) HEART AND CIRCULATION.

Systematic Cases.					Special Cases.				
Number Examined.	Organic.				Functional.	Abemia.	Number found Defective.		
	Congenital.		Acquired.						
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
	30,911	15	·048	127	·411	422		1·365	809	2·62	171

(S.) LUNGS.

Systematic Cases.							Special Cases.		
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Other Diseases.	Number found Defective.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
30,911	1094	3.54	2	.006	12	.039	29	.023	104

(T.) NERVOUS SYSTEM.

Systematic Cases.										Special Cases
Number Examined.	Epilepsy.		Chorea.		Infantile Paralysis.		Other Diseases.		Number found Defective.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
30,911	8	.026	3	.009	50	.162	124	.401	50	

(U.) TUBERCULOSIS (NON-PULMONARY)

Systematic Cases.										Special Cases.	
Number Examined.	Glandular.		Bones and Joints.		Abdominal.		Skin.		Other Forms.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
30,911	18	.058	17	.055	9	.029	4	.013	1	.003	31

(V.) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
30,911	332	1.07	8	.026	23

32

(W.) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
30,911	126	.407	280	.91	33

(Y) OTHER DISEASES OR DEFECTS.

Enumerated in the foregoing Tables are the principal ailments which are commonly discovered amongst school children, but, in addition to these, there is always a considerable number of conditions which, if of equal, or even greater, importance are of comparatively rare occurrence amongst children, and, therefore, numerically, do not warrant a special column in the statistical Tables. Altogether, there were 487 such conditions discovered of which the following are the most important:—Enlargement of Thyroid Gland, 191; bladder trouble, 20; nicotinism, 20; cysts, 8; hernia (rupture), 7; chronic appendicitis, 7; hypothyroidism, 6; abscesses, 5; muscular atrophy, 4; cleft palate, 2; hæmophilia, 2; cancerum oris, 1.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

The number of centres for the instruction of physically invalid children remains the same as last year, namely, four—Drumpark (serving the parishes of Old and New Monkland, including Coatbridge and Airdrie); Cambuslang (serving the parishes of Blantyre, Cambuslang, and Burgh of Rutherglen); Hamilton (serving the Burgh of Hamilton and the parishes of Hamilton and Dalserf); and Motherwell (serving the joint Burgh of Motherwell and Wishaw and the parishes of Dalziel and Cambusnethan). Certain children who, on account of special disability or unsuitable residence, are unable to attend any of the Authority's special schools are sent to Eastpark Home, Maryhill, or to the Colony of Mercy for Epileptic Children, Bridge-of-Weir.

2. MENTALLY INVALID CHILDREN.

Each of the four schools for physically invalid children has a special department for the teaching of mentally invalid children. Mentally retarded children for whom attendance at the Authority's special schools is not suitable are placed either in Birkwood Institution, Lesmahagow, or in St. Charles' Institution, Carstairs.

3. BACKWARD CHILDREN.

In several of the larger primary schools, special classes are conducted for dull or backward children.

4. BLIND AND PARTIALLY BLIND CHILDREN.

Only one centre for the education of blind children comes under the jurisdiction of the Authority, namely, St. Vincent's Institution, Tollcross. This Institution serves the needs of the Roman Catholic children in the County, the Protestant children being sent for education to the Royal Blind Asylum, Edinburgh. There are special classes for high myopic children at Drumpark and Knowetop Special Schools.

5. DEAF AND DEAF-MUTE CHILDREN.

There are two centres for the education of deaf or deaf-mute children under the jurisdiction of the Authority, namely, Woodburn Special School, Hamilton, and St. Vincent's Institution, Tollcross. Deaf or deaf-mute children for whom attendance at either of these two centres is unsuitable are sent for education either to Donaldson's Hospital, Edinburgh, or to the Royal Edinburgh Deaf and Dumb Institution.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For arrangements in force as regards physical instruction in schools, see Report for year 1919-20 (page 27). During recent years the Authority has been active in providing recreation grounds, wherever possible, adjacent to many of the larger schools, and in the majority of schools, both Primary and Secondary, there are football, tennis, hockey or cricket clubs. Where public baths are available school swimming clubs have been formed. A healthy spirit of competition and emulation is fostered by the annual sports which are held by the great majority of the schools, and also by the arranging for inter-school matches.

X.

FEEDING OF CHILDREN.

This subject has been fully dealt with in many previous Reports, so all that is necessary is a recapitulation of the arrangements in force for the supplying of food at school.

1. All children in attendance at the Special Schools are provided with a forenoon "snack" of biscuit and milk, and a two-course hot meal at mid-day. The cost of the meal is 3d per day.

X

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Lupus.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.
COUNTY—														
Upper Ward ..	...	...	...	11	2	...	...	...	...	...	...	...	...	...
Middle Ward ..	5	28	83	132	77	4	...	16	1	5	1	3	12	...
Lower Ward ..	...	...	2	10	2	..	...	..	...	...	...	...	...	...
BURGHES—														
Airdrie, ...	10	5	13	82	5	...	...	2	...	1	...	1	4	3
Biggar, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	7	2	5	38	1	1	...	1	...	...	...	...	2	..
Hamilton, ...	...	3	63	122	30	3	...	5	...	...	1	..	10	..
Motherwell, ...	...	9	6	18	...	...	...	1	...	...	...	...	...	...
Lanark, ...	...	..	...	...	..	...	...	...	...	...	...	...	...	...
Rutherglen, ...	3	8	8	45	13	3	...	8	...	4	...	..	5	...
Wishaw, ...	...	..	...	2	...	...	...	1	...	...	...	...	...	...
TOTAL, ...	25	55	180	460	130	11	...	34	1	10	2	4	33	3

**TABLE A.—All Pupils Examined at the Systematic Examination for the
Year ending 31st July, 1929.**

SCHOOL MANAGEMENT AREAS.	SCHOLARS EXAMINED IN EACH GROUP.											*Conditions Notified.	Average Number of Scholars on Register.
	Infants (6 years & under).		Age Group (9 Years).		Seniors (12 Years.)		Higher Grade (16 Years.)		Selected Cases.		TOTAL.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
Avondale.	44	53	46	44	47	59	...	...	39	38	370	170	890
Biggar,	37	46	20	27	35	30	7	11	8	8	229	36	679
Blantyre,	224	186	187	198	163	137	...	.	129	163	1387	1002	3646
Bothwell,	717	688	699	653	643	686	36	56	460	522	5160	3231	13232
Badder,	190	197	190	187	133	129	5	4	72	83	1190	435	3262
Bambuslang,	297	270	287	263	276	210	6	...	125	156	1920	945	5162
Bambusnethan,	305	305	304	315	347	299	26	14	138	163	2216	967	6339
Barklume,	88	113	80	96	83	76	...	...	29	31	596	172	1945
Barnwath,	52	54	51	45	55	45	..	...	13	13	328	71	1060
Balsarf,	203	193	203	192	244	206	20	20	105	98	1489	687	4097
Balziel,	501	465	488	518	564	490	72	48	220	287	3673	1478	10615
Boglas,	30	21	24	23	24	16	...	...	3	9	150	29	529
East Kilbride,	44	31	37	31	32	22	...	...	28	18	243	103	645
Bassford,	14	6	6	11	9	10	...	...	3	3	65	32	193
Barnhill,	461	452	499	518	496	469	80	35	280	294	3584	1779	9854
Barnhill,	160	133	147	128	181	150	13	18	53	42	1028	269	2967
Barnhill,	97	115	99	115	90	102	4	1	93	96	812	303	2099
Barnhill,	404	422	427	432	416	434	38	17	272	283	3145	1554	8304
Barnhill,	683	704	754	721	685	639	38	23	423	449	5119	2863	13607
Barnhill,	254	257	262	256	260	257	24	16	172	185	1943	1043	5185
Barnhill,	265	278	287	255	240	235	...	...	128	161	1849	856	4906
Barnhill,	20	16	14	13	17	12	...	...	3	1	96	12	353
Barnhill,	40	46	30	37	29	36	...	...	20	15	253	105	720
TOTALS,	5130	5076	5141	5081	5072	4779	369	263	2816	3118	36845	18142	100289

* Defective Teeth not included.

TABLE B.—SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT AREAS.	Clothing and Footgear.		CLEANLINESS.								CONDITION OF SKIN.								NUTRITION.		NOSE.		THROAT.		Lymphatic Glands.		External Eye Disease.		Squint.		Vision.		Ear Diseases, Wax, &c.		Hearing.		Heart and Circulation.		Lungs.		Nervous System.		Tuberculosis (Non-Pulmon- ary).		Other Conditions.		Total Number of Children Notified.	Number of Children Receiving Attention.	Total Number of Conditions Notified.	Total Conditions Remedied.											
			Head.				Body.				Impetigo.				Ringworm.						Scabies.																														Other Diseases.				Nasal Obstruction.		Tonsils.	Adenoids.			
			Nits & Dirty.		Lice.		Nits & Dirty.		Lice.		Impetigo.		Ringworm.		Scabies.		Other Diseases.				Nasal Obstruction.		Tonsils.	Adenoids.																																					
	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Received Medical Attention.		Notified.	Remedied.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.														
Arundale,	2	2	26	13	23	12	13	6	15	9	1	1	1	1	2	2	3	2	18	8	3	1	3	3	6	6	5	3	37	17	5	4	3	...	4	3	112	65	170	98									
Biggar,	1	1	1	1	8	4	2	1	1	18	9	2	3	34	16	36	16										
Blantyre,	86	72	124	66	83	42	107	61	61	22	64	50	2	1	3	2	24	19	3	1	62	30	41	21	5	2	87	64	43	25	122	73	20	17	1	...	19	5	8	5	2	...	1	1	34	15	562	375	1002	594									
Bothwell,	128	91	460	313	203	126	247	183	172	126	140	105	3	2	11	11	74	56	6	3	17	7	342	156	188	82	31	23	260	181	145	73	551	284	37	20	11	5	51	34	45	34	6	1	12	2	88	40	2049	1226	3231	1958									
Cadder,	19	14	39	25	28	20	21	11	11	8	35	26	1	1	2	2	29	23	7	6	7	3	35	20	7	4	2	2	34	21	11	8	80	53	9	7	1	...	15	6	9	6	1	...	5	2	28	9	340	221	435	277									
Cambuslang,	22	18	124	89	52	38	70	57	47	37	24	18	1	...	20	17	1	...	10	6	141	69	63	30	10	7	86	73	32	22	175	128	22	16	13	16	4	4	4	4	2	...	17	17	650	410	945	686									
Cambusnethan,	31	22	103	53	68	30	34	14	55	17	18	17	1	10	27	2	...	9	8	76	46	40	28	5	4	61	40	38	26	270	154	42	26	3	...	20	8	14	5	2	...	3	1	82	18	685	418	967	542									
Carlisle,	5	4	22	16	16	11	5	1	6	1	4	4	3	3	18	11	7	2	2	2	7	5	11	4	58	43	3	2	2	1	2	2	1	1	128	93	172	113									
Carowath,	7	3	3	3	13	6	8	4	1	...	2	2	3	3	23	19	7	3	2	1	...	1	...	56	33	71	43							
Dalserf,	4	4	61	31	42	18	24	15	29	20	81	39	1	1	3	2	41	36	7	3	74	25	25	7	5	3	60	38	35	22	152	70	24	19	1	...	10	3	14	13	11	10	519	287	687	379									
Dalziel,	13	4	123	76	101	63	32	9	84	37	23	16	3	3	6	2	96	67	8	6	127	69	54	37	2	2	115	70	86	66	497	312	76	52	7	4	4	1	1	...	20	8	1115	692	1478	904									
Douglas,	2	2	2	1	8	3	3	2	2	1	10	9	1	1	1	23	14	29	19								
East Kilbride,	17	10	13	8	2	...	7	6	2	2	4	4	3	1	11	5	6	2	8	7	6	5	14	10	3	3	1	...	3	1	3	3	71	48	103	87							
Glasford,	5	3	4	2	5	3	7	4	1	1	5	1	3	1	1	15	8	32	16								
Hamilton,	27	20	180	123	154	106	74	52	115	87	156	128	3	3	5	3	99	85	1	...	29	18	123	58	58	21	17	9	113	86	72	44	402	227	82	62	4	...	22	6	19	14	2	...	22	20	1202	818	1779	1172									
Lanark,	5	5	30	12	19	10	4	2	15	9	4	2	2	2	5	3	6	1	22	11	5	1	4	3	13	5	17	9	82	42	23	13	2	...	2	...	2	2	10	6	216	147	303	207									
Leamington,	2	2	36	28	27	20	9	7	15	12	12	10	1	...	2	2	7	5	6	4	36	15	15	4	2	1	20	18	11	6	68	56	10	4	6	2	7	5	1				
New Monkland,	68	47	156	94	123	76	106	57	79	48	71	54	8	8	77	54	9	7	10	9	131	56	45	16	18	10	109	69	74	30	284	215	35	29	3	3	55	18	18	10	8				
Old Monkland,	171	81	301	124	219	99	244	98	174	71	145	100	2	2	8	4	96	59	17	12	22	11	192	70	78	32	28	9	216	99	124	66	519	322	79	48	8	1	79	10	41	26	7			
Rutherglen,	23	6	157	87	75	35	71	35	52	26	25	17	1	1	20	16	16	8	108	36	61	21	8	4	76	52	45	26	225	106	18	15	3	...	22	9	10	9			
Rhotts,	22	10	115	56	63	28	49	32	36	21	23	16	12	8	7	4	117	52	55	30	6	5	47	27	45	16	194	89	23	12	3	1	12	9	3	2	1		
Southern,	1	3	8	5	
Wetherhouse,	2	1	6	4	4	2	1	...	2	2	2	1	2	2	19	8	10	5	3	1	4	9	6	4	29	25	2	2	4	1	2	1
TOTAL,	629	403	2096	1229	1322	750	1115	663	976	555	816	612	21	17	53	40	647	484	43	28	165	04	1689	759	777	350	152	90	1325	873	811	459	3819	2269	528	555	35	10	357	130	210	144	32	5	42	10	487	243	12430	7513	18142	10552									

but where the necessity of the parent justifies it the meals may be given free.

2. The Authority provides food to all those children in attendance at an ordinary school who are necessitous in terms of Section 6 of the Education (Scotland) Act, 1908. The number of meals provided during the year to necessitous children amounted to 46,773.

3. Many of the Secondary Schools have a regular buffet attached to them where a hot mid-day meal may be obtained.

4. In several of the rural schools hot soup is provided at a nominal cost during the winter and spring months for those pupils who reside at a long distance from school.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

The Authority's arrangements for providing medical treatment are practically the same as last year, the only new feature being the opening of another clinic for the treatment of Minor Ailments. This was at Blantyre, and the clinic commenced functioning in February of this year. Briefly stated, the Authority's scheme provides for (1) dental treatment; (2) visual treatment; (3) ear, nose and throat treatment; and (4) treatment of minor ailments, chiefly of skin, eyes, ears, and nose. Each of these branches of treatment is fully dealt with in subsequent sections of this Report.

In addition to the foregoing, a considerable number of children attended for treatment of deformities at one or other of the public Institutions in Glasgow, and especially at the Royal Hospital for Sick Children, Glasgow. During the course of the year the Authority sanctioned the provision of orthopaedic appliances for 28 necessitous children at a cost of, approximately, £100.

REPORT ON VISUAL TREATMENT.

The following Reports for the year ending 31st July, 1929, have been received from the Authority's Ophthalmic Surgeons:—

(DR. ERNEST THOMSON.)

CENTRES :

Airdrie, Cadder, and Coatbridge.

Since neither the actual figures nor the individual cases seen present anything very striking in the statistics for the year, the writer proposes to pass straight on to the consideration of Squint.

SQUINT IN CHILDREN.

Several years ago the School Medical Officers asked the writer whether it would be possible to obtain figures to show to what extent the correction of errors of refraction resulted in the cure of ordinary convergent squint in the children seen at the Authority's Centres. There seemed at the time to be little difficulty about this, and yet experience has shown, in the first place, that anything in the nature of a scientific statistical statement was impossible on account of the time required in examination and determination of all the factors in each case, and, in the second place, that time and still more time was required before the children could be seen for the second and third time and the results determined on such re-examination.

The following Report on the squint cases examined is, therefore, in the form of a general statement of results and conclusions, while the delay in furnishing the report is explained by the time required before the revisiting could be completed. Even as it is, sufficient time has not elapsed in some of the cases for a correct appreciation of results to be made.

Before going further it is necessary to explain to non-technical readers the meanings to be attached to the word "cure" as applied to the deviation of the eyes called strabismus or squint. Squint may be regarded (1) as an anatomical or physical or cosmetic defect resulting in "deformity"; (2) as a physiological defect resulting in the loss of that binocular vision which is so characteristic of the human race. In human vision each eye regards an object from a slightly different angle; each eye receives one image which differs slightly from the image received by the fellow eye, and, under normal circumstances, the brain records the two images as one image having the characteristic "third dimension" which man interprets as "solidity." Let this be called binocular stereoscopic vision. Now, in so far as an individual cannot have normal stereoscopic vision unless the eyes are in perfect balance and the brain images superposed, a squint cannot be said to be "cured" in the physiological sense (see No. 2 above) unless binocular stereoscopic vision has been regained. In what proportion of cases such complete cure is obtained is an unknown quantity, but the writer would venture the opinion

that such complete "physiological" cure is much less usual than cure of the deformity (cosmetic cure) only.

In this enquiry the only question which can be answered is: "Is the physical deformity cured?" It would be a hopeless task to endeavour to ascertain the answer to the other question: "Has normal stereoscopic vision been regained?" and this on account of technical difficulties referable to the inability of most children to give firm answers to questions as to things seen, and to the immense amount of time required with special apparatus, which, after all, would be useless in the case of many of the children. An observer cannot of himself determine whether physiologically correct vision exists in any other person, since he is dependent upon the answers received from that person when under certain tests. Nevertheless, the results obtained in the treatment of squint in children are well worth while, even when complete cure is not realised. To remove an obvious and often distressing blemish is to do a very great deal for the individual and if, in addition, there is restoration of true binocular vision the benefit is so much the greater. Further, when all is said and done about the squint, in more than 99 per cent. of the children in the present series, leaving complicated cases on one side, there is an error of refraction demanding the use of lenses in any case. Where the squint persists in spite of the optical correction the question of operation arises. The pros. and cons. of this are outside the scope of this report and each case has to be considered on its merits.

A few general statements may be made before taking up the actual figures.

- (1) Squint usually commences at an early age, frequently before school life and very often at the commencement of school life.
- (2) A squinting eye may be defective sighted from the beginning and in any case tends to become more defective sighted the longer the squint persists.
- (3) The occurrence of squint is often attributed to some disturbance such as illness, a fall, a blow; in fact, any kind of shock. There can be little doubt that such shock is frequently the determining cause of the onset of the squint, but it is not the real and underlying cause.
- (4) The underlying cause in ordinary cases of squint is an error of refraction, an error of focus, which exists in one or both eyes from the beginning and leads to strain and disproportionate muscular effort between the functions of accommodation and convergence, accommodation being the muscular act by means of which each eye focusses for near points, and convergence the muscular act by which both eyes together are turned or converged to such near points.
- (5) Spectacle lenses correct this error, lessen or abolish strain, and, in a large number of cases eventually bring about cure.

- (6) It is obvious from what has been said under paragraphs 1 and 2 that when a child is seen to squint he or she should be immediately sent, not to the optician who has no real means of treating these cases, but to the ophthalmic surgeon who is in a position to employ the drug atropine, and, almost however young the child, to provide him or her with spectacles; failing that, to give regular treatment until such time as glasses can be worn, and to operate or advise operation as may be considered necessary.

Having now explained in as simple language as he can command, what squint is, what causes it and what its results may be, the writer will next discuss the actual figures obtained in this enquiry and in the light of these figures will make some further remarks and suggestions.

The number of children examined for the first time during the period commencing in the Autumn of 1924 and finishing in the Spring of 1928, during which period special notes were kept of the squint cases, was approximately 1800. Of these, 510 were squinters, that is about 28 per cent. From the total of 510 must be deducted 127 in which the notes were unsatisfactory for one reason or another. There remain 383 straightforward, mainly uncomplicated, cases of ordinary convergent squint. These may be divided into four groups:—

GROUP I. In this group there are 73 children who passed the severe test of being completely free of squint at the time of reexamination (which varied from 4 to 24 months after the first examination). These children had straight eyes whether the glasses were on or off, but it is not suggested that relapse would not occur if the wearing of the spectacles were to be given up.

GROUP II. The second group contains 110 children in whom there was no detectable squint so long as the spectacles were being worn but in whom squint became noticeable, sometimes slightly, sometimes quite markedly, when the glasses were removed; or in whom squint was usually absent but occurred on excitement, when not feeling well, and so on. In this group there are 22 cases revisited at 4 months or less from the date of the original examination, and a further 23 cases between 4 and 6 months. Such a period as 6 months is rather too short a time in which to expect a cure, so that it is probable that the majority of these would eventually reach Group I.

GROUP III. The third group is less satisfactory. It contains those cases in which the squint is noted as "improved," that is lessened in degree. The group contains 102 children, a considerable number of whom may be expected under favourable conditions to pass eventually into Group II, and possibly into Group I. *

GROUP IV. The fourth group also contains 102 cases. In these the squint remains unimproved. At first sight one might be inclined to apply the word "failure" to these 102 cases out of the 383 under

* NOTE. Regarding Groups II, and III: Subsequent to the completion of the statistics for this Report a good many cases have been seen again and found to be exceedingly favourable. Had these children been revisited sooner Group I, would have been considerably increased at the expense of Groups II, and III. The fact illustrates the importance of allowing a good many months to elapse before deciding that any particular result is unsuccessful.

consideration. Failures indeed they are, but before laying the blame upon the optical treatment it is necessary to consider why these squints have not tended towards cure. In order that any form of treatment may be successful certain conditions must be fulfilled on the part of the patient, conditions which allow of a reasonable chance of cure. Well over one half of the 102 cases in Group IV. did not fulfil these conditions because either (1) the squinting eye was amblyopic, or (2) *the spectacles were not conscientiously worn from morning till night*. The second condition speaks for itself, but the first requires some explanation.

The term " amblyopia " (meaning dimness of vision) is applied to a condition of sight in which, in spite of any optical correction, the sight remains very defective. Squint in childhood is usually accompanied by amblyopia, greater or smaller in degree, of the squinting eye, without any discoverable cause in the eye itself. Why this is so is disputed and the arguments would be useless to the non-technical reader. But even to the non-technical it hardly needs to be explained that the more amblyopic a squinting eye is, the less likely is that eye to be able to work in harmony with its fellow and to take any part in binocular single vision. Under normal conditions the brain readily fuses into one image the two slightly dissimilar images from the two eyes, the result being, as previously explained, binocular stereoscopic vision, whereas if one image is blurred and indistinct such fusion is extremely difficult or impossible. Many readers would be able to appreciate the truth of this by means of a simple experiment. If the room be darkened completely except for the light of a candle twelve or so feet distant from the observer, and if the latter holds a piece of purple glass in front of one eye (a piece of red and a piece of blue glass from the glazier, held together, will serve), the other eye being open, he may see two images of the candle flame, one coloured, the other white. If he sees these two images he is temporarily squinting because the brain refuses to fuse into one the image of a dim coloured flame with that of a bright white flame. By a muscular effort he may or may not be able to bring the flames together. If he does fuse the images, he is, as it were, in the position of the squinter who succeeds in the recovery of binocular vision: if he fails, he is able to realise how it is that fusion of the two images is so difficult when one eye is amblyopic. This simple experiment will not succeed with all normal sighted people. To return to the cases in Group IV. When it is considered that in actual fact this group contains 54 per cent. of amblyopic children it becomes much less disappointing. Further, the remainder of the group contains the cases of a large number of children who have failed to wear their glasses regularly and constantly, or who have lost them. In this connection one must not forget the value of perseverance. A considerable number cannot be cured optically, it is true, by any means, but many could be cured if they would persevere. See also paragraph 3 of the Summary.

A few words may be said about the actual treatment of the amblyopia which is so usually associated with squint. It is a fact that if one eye has good vision and the other eye is amblyopic but not diseased, and if the individual should lose the good eye and thus be dependent on the defective eye, the defective eye will in many cases improve in vision. Therefore, in a squinting child it

would seem reasonable to hope that if the good eye were excluded from vision by means of a bandage the defective eye would take up work and improve in vision. In favourable cases and under favourable circumstances this method may succeed. But the circumstances of most households are unfavourable because unless the child is rigidly supervised and controlled, he will lift the bandage and the results will be negative. There are also training methods by means of stereoscopic exercises over a long period. Time, money and patience are all necessary for this, and, after all, the results may be disappointing. Operation may be required for the *deformity*, but the wise surgeon always warns the parent of the child that operation may, of itself, do little or nothing for the amblyopia.

At the risk of making this report unduly long a summary seems to be necessary:—

- (1) In nearly all cases of squint in children spectacles are required in any case, whether the squint is thereby cured or not.
- (2) By "cure" in this report is meant cosmetic cure, i.e. removal of the deformity.
- (3) Out of a total of 383 squints here considered in detail 73 showed no squint when revisited whether the spectacles were on or off. A caution was given that the squint might recur if the spectacles were given up.

110 cases were regarded as partial cures, and on the road to cure. In these there was no detectable squint so long as the spectacles were worn.

102 cases were improved and may be expected with perseverance to reach the higher groups.

102 (again) were not improved. Of these 54 per cent. were amblyopic and had a minimal chance of cure from the beginning. The remainder contained a proportion of cases in which the squint was "alternating" i.e., sometimes one eye and sometimes the other, generally with good vision in both eyes. This condition is notoriously difficult to cure. There were also some which were unfavourable for various reasons, such as mental deficiency, the presence of nystagmus, and so on, and a group of cases in which carelessness on the part of child or parent led to the spectacles not being consistently worn.

- (4) Operation was advised in suitable cases. It must be understood that operation in childhood is only considered correct treatment in cases where operation is likely to lead to good results unobtainable by correction of refraction alone.

The foregoing summary brings together the facts as to what has been done. But what of the future? What might be done? What might be the ideal results? Two facts are indisputable, not as the special result of this enquiry, but as common knowledge. One is

VISUAL TREATMENT.

TABLE C.—Showing (a) Total Number of Cases Examined ; (b) Number Revisited ; (c) Total Attendances at Clinic ; (d) Number Treated by Glasses ; (e) Number Treated Otherwise or Advised ; (f) Number Uncompleted and not Requiring Treatment. Year ending 31st July, 1929.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted, and Cases not requiring Treatment.
DR ERNEST THOMSON.						
Airdrie	341	229	570	301	40	—
Cadder (Bishopbriggs and Chryston)	50	49	99	45	5	—
Coatbridge	305	358	663	280	25	—
DR JOHN A. MORTIMER.						
Blantyre	108	110	218	98	10	—
Carluke	55	49	104	44	11	—
East Kilbride	11	16	27	10	—	1
Lanark	127	163	290	105	22	—
Larkhall	176	260	436	165	11	—
Shotts	107	189	296	97	10	—
Strathaven	22	33	55	21	1	—
Uddingston	140	283	423	127	13	—
Wishaw	248	356	604	217	31	—
DR H. SOMERVILLE MARTYN.						
Abington	5	6	11	4	—	1
Baillieston	115	115	230	97	17	1
Bellshill	147	203	350	117	22	8
Biggar	16	15	31	13	3	—
Cambuslang	205	292	497	181	16	5
Carnwath	30	33	63	22	7	1
Lesmahagow	56	48	104	49	6	1
Rutherglen	85	143	228	74	4	7
DR JAMES A. WILSON.						
Motherwell	455	396	851	357	62	36
DR JAMES R. WATSON.						
Hamilton	300	570	870	293	7	—
	3104	3916	7020	2720	323	61

VISUAL TREATMENT.

TABLE D.

Table Showing Conditions, other than Refraction Errors, whether Treated or Advised.

CLINIC.	Squint (Convergent).		Squint (Divergent).		Corneal Opacity.		Blepharitis and Conjunctivitis.		Polyctenular Conjunctivitis.		Cataract.		Nystagmus.		Chorio-Retinal Changes (Myopic).		Do. other than Myopic.	Congenital Word Blindness.		Keratitis.		Congenital Dislocation of Lenses.		Hordeolum.		Optic Atrophy.		Ptosis.		Pseudo Neuritis.		Corneal Ulcer.		Sequele of Iritis.		Vitreal Opacities.		Coloboma of Iris and Choroid.		Leucoma Adherens.		Detachment of Retina.		Squint (Alternating).		Pupillary Memb.		Squint (Vertical).		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.							
DR. ERNEST THOMSON.																																																		
Airdrie,	43	38	...	1	5	5	...	1	1	2	1	3	3	...	1	1	1	2	...	2	4	5			
Cadder,	3	4	1	1	1	...	1	1	1	1	2				
(Bishopbriggs and Chryston)																																																		
Coatbridge,	36	29	3	...	4	8	2	4	1	2	2	...	1	2	1	1	...	1	1	2	...	3	3	3	3				
DR. JOHN A. MORTIMER.																																																		
Blantyre,	9	8	1	1	9	4	...	4	1				
Carlisle,	3	8	...	1	1	2	...	2				
East Kilbride,	1	...	1	1	1				
Lanark,	8	4	1	1	3	4	1	2	1	...	1	1	1	1				
Larkhall,	19	20	...	1	6	3	1	1	4	1	1	1	1			
Shotts,	8	10	5	4	...	2	1	1	1	1	1			
Strathaven,	3	2	...	1	...	1	1	1			
Uddingston,	10	16	1	3	1	...	1			
Wishaw,	23	22	1	1	4	8	2	3	1	3	1	...	1	2			
DR. H. SOMERVILLE MARTYN.																																																		
Abington,	1	1	1			
Baillieston,	16	18	1	2	3	5	2	3	2	2	1	1	2	1			
Bellshill,	9	12	4	5	4	6	1	...	1	1	2	2	...	1	...	4	3	1			
Biggar,	1	1			
Cambslang,	10	19	2	2	4	15	4	8	3	2	3	3	...	1	...	1	...	2	2	3	2	1	1	...	1	1				
Carnwath,	5	1	2	1				
Lesmahagow,	6	5	1	2	...	3	1	2	1	1			
Rutherglen,	2	12	2	2	2	6	2	2	1	1	...	2	1			
DR. JAMES A. WILSON.																																																		
Motherwell,	56	51	4	2	4	10	4	2	2	2	2	2	2	2			
DR. JAMES R. WATSON.																																																		
Hamilton,	34	30	3	1	1	1	1	4	1	2	2			
	314	309	17	14	60	83	23	52	3	...	12	17	19	12	5	6	13	9	2	8	1	12	5	5	4	6	5	1	...	7	4	1	1	4	5	5	7	1	2	18	30	7	5

VISUAL TREATMENT.

TABLE E.—Showing the Nature of the Refraction Error in those Cases treated by Spectacles, and the Number of Cases Examined.

CLINIC.	1 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not Requiring Correction or too Defective for Correction.				7 Cases not Completed.				TOTAL.	
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys	Girls
	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.		
Dr ERNEST THOMSON.																														
Airdrie	49	58	60	61	44	42	46	47	13	12	10	12	11	16	22	15	19	13	22	20	25	20	20	25	—	—	—	—	161	180
Cadder (Bishopbriggs and Chryston)	8	6	6	3	3	4	5	9	6	5	3	3	—	1	7	8	1	2	6	4	2	2	3	3	—	—	—	—	20	30
Coatbridge	47	43	36	43	38	47	52	46	9	16	12	10	16	11	24	30	24	19	18	15	15	13	14	12	—	—	—	—	119	156
Total	104	107	102	107	85	93	103	102	28	33	25	25	27	28	53	53	44	34	46	39	42	35	37	40	—	—	—	—	330	366
Dr JOHN A. MORTIMER.																														
Blantyre	13	18	8	6	19	15	26	28	3	4	3	4	4	3	9	10	4	4	8	6	6	5	5	5	—	—	—	—	49	59
Carlisle	5	5	9	10	6	6	9	10	—	—	1	—	3	3	5	5	1	1	5	4	1	1	10	10	—	—	—	—	16	39
East Kilbride	2	2	2	2	2	2	2	2	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	6	5
Lanark	21	16	19	15	21	25	19	22	4	5	2	2	6	6	4	6	2	2	7	6	10	10	12	12	—	—	—	—	64	63
Larkhall	21	23	20	12	35	32	37	47	4	5	5	5	9	9	16	16	6	5	12	10	8	9	3	3	—	—	—	—	83	93
Shotts	11	8	15	19	20	20	20	24	5	5	5	4	2	3	7	6	2	3	1	4	3	4	7	7	—	—	—	—	43	61
Strathaven	4	5	4	5	2	2	6	6	2	1	1	1	—	—	1	1	—	—	—	—	—	—	2	1	—	—	—	—	8	14
Uddingston	12	11	13	21	22	22	35	30	7	6	7	8	6	8	16	16	1	1	3	4	4	4	9	9	—	—	—	—	52	88
Wishaw	18	20	38	44	50	50	55	52	14	13	7	7	8	8	13	10	4	4	8	9	12	11	21	20	—	—	—	—	106	142
Total	107	108	133	134	177	174	218	221	40	40	32	32	38	46	71	70	20	20	44	43	44	41	69	67	1	1	—	—	427	567
Dr H. SOMERVILLE MARTYN.																														
Abington	1	1	—	1	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	3	2
Baillieston	8	8	11	8	22	21	23	28	6	6	2	3	5	5	8	10	3	3	8	4	10	11	8	7	1	1	—	—	55	60
Bellshill	8	8	15	15	22	25	32	34	12	9	2	2	5	8	6	6	4	2	9	8	11	10	13	12	3	3	5	5	65	82
Biggar	2	2	1	1	1	1	1	1	1	1	1	—	2	1	2	3	2	2	—	—	1	2	2	2	—	—	—	—	9	7
Cambsulang	22	18	25	18	35	42	59	62	6	9	6	5	11	8	8	13	3	3	6	4	12	9	7	9	3	3	2	2	92	113
Carnwath	2	4	—	—	4	4	7	7	2	1	—	—	3	2	1	1	1	2	1	1	5	4	3	3	—	—	1	1	17	13
Lesmahagow	5	6	7	6	7	7	6	8	2	1	5	4	3	3	9	10	2	2	3	2	—	—	6	6	—	—	4	4	19	37
Rutherglen	5	4	4	4	10	18	22	19	3	2	4	3	6	4	5	7	2	5	4	6	3	5	1	1	3	3	1	1	41	44
Total	53	51	63	53	111	119	152	160	32	29	20	17	35	31	39	50	17	19	31	25	42	41	40	40	11	11	13	13	301	358
Dr JAMES A. WILSON.																														
Motherwell	59	53	74	64	68	76	79	83	21	19	15	12	12	13	16	20	4	3	7	8	29	29	61	65	2	2	8	8	195	260
Dr JAMES R. WATSON.																														
Hamilton	32	29	36	35	57	59	67	72	10	11	16	14	13	12	24	24	15	14	22	21	3	5	5	4	—	—	—	—	130	170

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7.

that the earlier a squint is treated optically the better are the results, the other is that imperfectly carried out treatment practically is no better than no treatment at all. The worst enemy which the oculist has in the optical treatment of squint is *delay*, and delay occurs in almost every case. The child's parent delays taking any action and a certain amount of delay occurs before arrangements can be made for the child to be examined. If the child is already at school, the infant mistress may delay informing the School Medical Officer. A great deal of this waste of precious time is preventable, though not necessarily easily preventable. If it could be cut out, a step nearer would be taken towards the ideal. But the true ideal, unattainable perhaps, is prevention of the occurrence of squint so far as that may be possible. If it were feasible to examine all children for errors of refraction at an early age, and in any case before school age, and to provide the optical correction when required, the ideal would probably be reached. It is right to say that, prior to the war, the Education Authority of Glasgow was able to go so far towards this ideal as to employ an ophthalmic surgeon to examine the refraction of all its school children. Such a procedure is a matter of money, but pre-school examination would be much more difficult, and indeed impossible in practice, without legislation. The mass of the public is gradually learning the value of ocular treatment for their children, as the increasing number of applications testifies; but, until the advisers of the people, the ministers, teachers and family doctors are unanimous as to the value of early treatment of ocular conditions the educational process is bound to be a slow one. Meantime, some of said advisers are lukewarm regarding the value of medical progress as it affects the scholar.

The thanks of the Authority are due to the surgeons of the Glasgow Eye Infirmary who willingly undertake treatment, operative and otherwise, which cannot be carried out at the Authority's Clinics. The special thanks of the writer go to Nurse Isabel Taylor without whose interest and assistance the records could not well have been made and kept.

(DR. JOHN A. MORTIMER.)

CENTRES :

Blantyre, Carluke, East Kilbride, Lanark, Larkhall, Shotts,
Strathaven, Uddingston, Wishaw.

The excellent and continued response to the benefits made available by the Education Authority for the correction and alleviation of eye defects and diseases in school children is shown in the appended summary of work done. In the above areas during the past session 994 children were examined and treated and 1459 were revisited. There is still a considerable preponderance of girls over boys requiring ophthalmic treatment, there being 140 more girls than boys.

As the years pass by one is able to estimate the value of this treatment and if comparison is made with preceding years it will

be appreciated to what extent good organisation and efficient treatment have in the checking and alleviation of the more important ocular troubles of childhood. Several interesting cases of intra-ocular disease were encountered, but the following points have emphasized themselves in the mind of the writer during the current year:—

(a) The beneficial influence of the myope classes upon the progress of myopia:

The special classes which have been instituted by the Education Authority for high and progressive myopic children are proving of inestimable benefit to the scholars who are attending there. The early correction of their errors of refraction and the provision of educational facilities under the best hygienic conditions are preventing the continued development of this disease in the children affected. The myope classes are not only providing these handicapped children with a scheme of education which can be undertaken with the least strain to their eyes, but are inculcating such methods of work as may, by becoming habitual even after school years, help to prevent the dangers that threaten. Myopia is the most interesting and important error of refraction—interesting because of the uncertainty of its genesis and important because it so frequently ends in grave loss of sight and even blindness. One will, therefore, appreciate the practical advantage of educational methods for myopes, calculated to train them in the way they should go for the safety of their frail eyes. Everything in these classes depends on the enthusiasm of the teaching staff.

It should, therefore, be impressed on the headmasters of all schools that teachers and parents should be encouraged to report suspected cases and that every effort should be made to discover these cases at such an early age as will allow of preventive measures being adopted.

(b) Parental interest in the examination and treatment of their children's eyes has made great strides during the last three or four years and continues with unabated increase. This interest is genuine and is due mostly to the appreciation of the fact that appointments and the possibility of employment go to the child who is not only physically fit but has good eyesight. Now and again one comes across the case of a young man or woman who, having left school, has been turned down for some opening in industry owing to his or her defective eyesight, and one generally finds that he, or she, having been advised about attention to the eyes while at school, has either neglected it or did not wear the spectacles prescribed. That is now being remedied by the parents of the present generation taking a more intelligent view and becoming more appreciative of the excellent arrangements for treatment which are afforded by Education Authorities in preventing such a state of affairs.

(c) Apart from the correction of squint by spectacles the desire of many parents for the correction by operative measures increases. In consequence, the writer has operated on an increasing number of these cases with satisfactory results both cosmetically and visually.

The writer desires to reiterate a statement made in a former

report " that the rising generations are certainly paying much more attention to their eyesight, physical fitness, and personal appearance, and that these are undoubtedly attributable to the far reaching benefits of school medical inspection and treatment."

(DR JAMES R. WATSON.)

CENTRE: Hamilton.

The work of the Hamilton Clinic has this year been on the whole very satisfactory. The parents, as time goes on, show an increased interest in the work that is being done, and one less often hears any of them speak in a derogatory fashion. The children themselves, too, pay more attention to the advice given, though it is difficult to persuade some of them to wear their glasses constantly where this is necessary, especially during holidays.

A few of the myopes have shown some increase in their defect at revisits, and in some cases it is very probable this has been due to want of wearing the glasses constantly. It is very difficult to persuade some children who see well enough to read without glasses that there is any harm in doing so.

The proportion of the various refractive errors has been very much as usual. Particulars will be found in Tables attached.

(DR JAMES A. WILSON.)

CENTRE: Motherwell.

Among the cases treated there were three, aged 8, 6, and 5 years respectively, with high degree of shortsight. These children must have been shortsighted before coming to school. They are recommended for special consideration.

One child was discovered to be suffering from a serious, but hardly obvious disease (Cyclitis and K.P.), and was referred to his own medical attendant for treatment.

The results observed when the scholars return for inspection measure the success of the work done. These results were quite satisfactory, but there are always some who have lost or broken their glasses, some who have not had them provided, and some who say they see better without the glasses. In the last category the glasses are usually inconstantly worn and fair, or even good vision, is obtained only by straining, an effort that sooner or later usually manifests its effects in headache or some other disorder.

Among the squinters fifty per cent, were cured or improved. Unfortunately, the vision in the squinting eye does not always return when the squint is corrected by glasses or operation. In general practice adults are discovered with defective vision in one eye due

to squinting in childhood. If children were treated immediately squint is observed—usually in pre-school days—this loss of vision might be prevented.

(DR H. SOMERVILLE MARTYN.)

CENTRES :

Abington, Baillieston, Bellshill, Biggar, Cambuslang, Carnwath,
Lesmahagow, and Rutherglen.

The total number of new cases examined throughout the year was 659 and revisits 855. Of the new cases 558 had glasses prescribed, the balance consisting of cases either too defective for correction or not yet completed. The revisits consisted mainly of cases for the checking of glasses prescribed, the observation of cases of disease, and the supervision of cases of myopia and squint.

Several cases of disease were admitted to my care at the Glasgow Eye Infirmary with beneficial results and during the year in the same Institution 48 operations were performed, viz.:—Cataract, 10; Squint, 37; and Ptosis, 1.

Further details of the work of the year may be found in the appended tables, beyond which there is nothing calling for special comment.

REPORT ON DENTAL TREATMENT.

The results of the Authority's scheme of dental treatment continue to be of a most encouraging nature, and so far from there being any falling off in the number of children accepting treatment there has, this session, to be reported a record year. The previous best year was for 1926-27, when 20,299 children received treatment from the school dentists, but this figure has been surpassed during the present year, no fewer than 20,471 children having actually come under the care of the Authority's dental staff. Several factors contributed to this suprisingly high figure, the chief of which were an absence of serious illness amongst the dentists, and also an absence of widespread epidemics amongst the children. It must not be forgotten, however, that influenza was prevalent in many parts of the County for nearly two months at the beginning of the present year. It may be of interest to note that during the past five years (August 1924—July 1929) the total number of school children who have received dental treatment under the Authority's scheme amounts to 96,902.

As in former years, all school children from 5 to 12 years, both years inclusive, were examined by the dental staff, pupils above that age, including the 16 years old pupils and students in preliminary training, being examined by the school medical officers. Altogether 72,822 pupils were dentally inspected and of these 49,064 were found to require more or less dental attention and were duly notified, that is, a percentage of 67.37. This is a slight improvement on last year, when the corresponding percentage was 69.3. This figure is still high, but, as was explained in previous Reports, the dental examination is conducted with great thoroughness and no dental defect, which, in the opinion of the dentist can be remedied, is passed over, no matter how slight that defect may be. A reference to the accompanying statistical Table shows how evenly dental defects are divided between the two sexes, and also the very close approximation in the numbers accepting treatment. Thus the numbers notified for treatment were:—Boys, 24,550; Girls, 24,514; whilst the numbers accepting treatment were:—Boys, 10,170; Girls, 10,301. Similar results have been found in previous years, which dispels the prevalent idea that boys are much more careless in the matter of paying heed to the dentist's advice than girls are.

The condition of the teeth of the 16 years old pupils shows a very marked improvement this year, the percentage of cases requiring treatment being 36.2 compared with 46.4 for the year 1927-28. It is to be hoped that still further progress will be made in reducing what is still too high a percentage of dental defect amongst the senior pupils.

In regard to the response given by different areas, and by different schools in the same area, there is a good deal of variation. As formerly, the best returns were obtained from schools in the remote, outlying parts of the County, several of these small schools giving the full 100 per cent. of treatment—namely, Lamington Public, Daer and Powtrail P., Summit P., Whitecleugh P., Upper Duncaton P., and Dolphinton P.

Schools which have a treatment percentage of from 90-100, were: Smyllum R.C., Douglas West P., Forth P., Blackwood R.C., Shawsburn P., and Swinhill P.

Schools returning a treatment percentage of from 80-90 were: Crawfordjohn P., Douglas Water P., Kirkfieldbank P., Glassford P., Douglas P., Auchengray P., Carnwath P., Tarbrax P., Auchenheth P., Bent P., Blackwood P., Dalserf P., Netherton P., and Beechfield P.

Schools returning a treatment percentage of from 70-80 were: Elmwood Convent H.G., Baillieston R.C., Meikle Drumgray R.C., Riggend P., Auchentibber P., Dykehead P. (Hamilton), Quarter P., Sandford P., Libberton P., Symington P., Leadhills P., Chapelton P., Stableston P., Haywood P., Wilsontown P., Woolfords P., Hawksland P., Cambuslang R.C., Langloan P., and Northrigg P.

Schools returning a treatment percentage of from 60-70 were: Biggar H.G., Abington P., Crawford P., Robertson P., Carstairs P., Carstairs-Junction P., Lanark Grammar, Pettinain P., Underbank P., Braehead P., Dunsyre P., Law P., Auldhouse P., Bellfield P., Lesmahagow P., Calder Street P. (Blantyre), Stonehouse P., Strathaven Academy, Drumpark Special School, Forrestfield P., Longriggend R.C., Moffat P., and Gateside P.

Schools returning a treatment percentage of from 50-60 were: Morningside P., Chapelhall P., Muiredge P., Bothwell Park P., Bridgend P., Auchinloch P., Garthamlock P., Mount Vernon P., Annathill P., Clarkston P. (Airdrie), Greengairs P., Whiterigg R.C., Townhead P. (Hamilton), Drumclog P., Strathaven R.C., Covington P., Wulston P., Wiston P., Carmichael P., Newbigging P., Braidwood P., Carluke H.G., Kilneadzow P., Yieldshields P., East Kilbride P., Carmunnock P., Coalburn P., Cambuslang P., Dundyvan P., Gartsherrie P., Gartsherrie Academy, and Greenhill P. (Coatbridge).

The foregoing schools are those from which the response to the Authority's scheme of dental treatment must be considered satisfactory and for this a very great deal depends on the help which the teaching staff gave in persuading their pupils to accept of the treatment afforded. Children are not all stumbling over each other in their eagerness to occupy the dentist's chair and, generally, have to be encouraged to have their teeth attended to. If there is indifference on the part of the teacher as to whether treatment is accepted or not, there is generally only one result, namely, a poor, or, at best, a mediocre return from the school. Children are easily carried along on the crest of enthusiasm, but as readily sink in the trough of apathy. There can be not the slightest doubt that, in the smaller schools, a much more intimate and personal bond exists between the teachers and their pupils, and it would appear from the dental results (and, incidentally, also from the results of visual treatment) that, generally, in these schools there is a considerably greater concern shown by the teachers regarding the physical well-being of their pupils than in many of the larger schools.

In regard to the results obtained from purely urban areas it is found that, with the sole exception of Coatbridge, a return of 50 per cent. of treatment is far from being obtained. Thus, the respective

figures for five of the purely town areas are as follows:—Coatbridge, 47.4 per cent.; Hamilton, 33.1, per cent.; Airdrie 31.6 per cent. Motherwell 31.6 per cent., Rutherglen 27.9 per cent. The results from Coatbridge are good, and it is probable that they will improve. It is hoped that the other towns will show a better return in the future, as the facilities for treatment are quite as good as, and in some cases better than, those at Coatbridge.

The following are extracts from the reports on the year's work by the Authority's dentists:

Mr Beattie (Avondale, Biggar, Carlisle, Carnwath, Dalserf (rural), Douglas, East Kilbride, Glassford, Hamilton (landward), Lanark, Lesmahagow, and Southern districts), remarks on the enthusiasm displayed in regard to dental treatment in most of the rural districts where, on several occasions, a hundred per cent. response was obtained. This enthusiasm is not confined only to the parents, but the children themselves manifest a keen interest in their dental condition. In several instances, senior pupils who did not come under the routine ages for dental inspection voluntarily presented themselves prior to leaving school to ascertain if their teeth were in good condition. Lack of means, however, in many of the mining areas, prevented parents from providing toothbrushes and tooth paste for their children. Mr Beattie also pays tribute to the great help he received from the teaching staff of the schools and also from the various janitors.

A summary of the work done by Mr Beattie is as follows:—

Total number of children treated 3,694; extractions (temporary) 5,569; extractions (permanent) 264; fillings, 746; scalings, dressings and cleanings 43.

Mr Rae (Cambuslang, Coatbridge, and Rutherglen) reports on the continued success of the scheme of dental treatment, although there is a considerable disparity in the response from the various schools. In the same district it is frequently found that schools show a very marked variation in the dental fitness of their pupils not altogether as a result of previous neglect in accepting treatment. Mr Rae believes that housing conditions and the standard of living adopted by the household are just as potent factors in dental fitness as they are in general physical well being. He is also of opinion that the year of birth of a child has a marked effect on his subsequent dental condition, children who have been born in the years of trade prosperity having got a much better start in life as regards general fitness than those who were born in the years of hardship and trade depression.

Mr Rae expresses his indebtedness to the various members of the teaching staffs and to the janitors for their help in furthering the scheme. The following is a summary of Mr Rae's work during the year:

Total number of children treated, 3,731; extractions (temporary) 8,994; extractions (permanent), 1,338; fillings, 2,477; scalings, dressings, and cleanings, 506.

Mr Kerr (Bothwell, including Bellshill and Uddingston; Cambuslang, and Shotts districts) comments on the attitude of certain parents who refuse to sanction treatment unless there is acute pain. In other words, the children have to make themselves a misance to the household before these parents realise that something should be done. It is to be hoped that the next generation will have a clearer realisation of what dental treatment actually stands for. The following is a summary of Mr Kerr's work for the year:

Total number of children treated, 3,167; extractions (temporary) 4,580; extractions (permanent), 813; fillings, 859; sealings, dressings, and cleanings, 60.

Mr Watson (Cadder, New Monkland, including Airdrie, and Old Monkland (landward) districts) in his survey of the year's work remarks on the smoothness with which the whole treatment scheme works, and especially thanks the various teachers for their generous assistance in this matter. He is of opinion that the actual amount of treatment necessary for each individual child is showing definite signs of lessening, due, in large measure, to the regular treatment which for years has been afforded by the Authority's scheme. He is a believer in endeavouring to get mothers to come personally to the clinics to see the work carried out, as thereby the sceptical or hesitating are converted into stout advocates of the benefits of early treatment. The following is a summary of Mr Watson's work for the year:—

Total number of children treated, 3,418; extractions (temporary) 5,952; extractions (permanent), 850; fillings, 1,736; sealings, dressings, and cleanings, 310.

Mr Rankin (Blantyre, Hamilton (Burgh), Larkhall, and Stonehouse districts) comments on the improved dental hygiene amongst school children and the rarity of now discovering a grossly unsatisfactory mouth. He also remarks on the educative influence which regular treatment has on many pupils as evidenced by the considerable number of senior scholars who voluntarily present themselves for dental survey.

The following is a summary of the work undertaken by Mr Rankin during the year:—

Total number of children treated, 3,360; extractions (temporary) 4,981; extractions (permanent), 1154; fillings, 737; sealings, dressings, and cleanings, 124. In addition to the foregoing Mr Rankin treated 10 children under 5 years of age in connection with the Burgh of Hamilton Child Welfare Scheme.

Miss Watson (Motherwell, Wishaw, and part of Shotts Parish) draws attention to the fact that the proportion of acceptances of treatment where extraction of teeth is recommended is always considerably greater than where conservative treatment (fillings) is advocated. This is probably due, as is found in other areas, to the fact that it is frequently pain which compels attendance at the clinics rather than a desire to conserve the slightly defective teeth. Many parents are difficult to persuade in the matter of conservative treat-

TABLE F.

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1929.

INSPECTION.				TREATMENT.											NO. OF PUPILS.	
SCHOOL MANAGEMENT AREAS.	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.								Necessitous.	Partly Necessitous	
		Boys.	Girls.	Boys.	Girls.	Extractions.		Fillings.		Scaling.	Dressing.	Cleaning				
						Temp.	Perm.	Cem.	Amal.							
Avondale,	563	192	204	102	140	258	100	...	48	...	5	...	150	92		
Biggar,	595	172	186	108	121	383	18	1	68	...	...	...	178	51
Blantyre,	3065	746	709	368	336	1083	226	4	142	2	8	...	632	72		
Bothwell,	9702	3397	3457	1154	1247	3477	670	17	616	2	29	16	1969	432		
Cadder,	2638	870	932	331	364	1136	141	72	283	22	99	40	376	319		
Cambuslang,	2803	1132	1180	763	798	3426	616	73	567	6	23	94	1285	276		
Cambusnethan,	4574	1542	1510	603	548	1893	144	43	170	3	1	...	899	252		
Carlisle,	1542	447	492	260	258	800	43	7	104	...	4	1	407	111		
Carnwath,	884	252	286	213	249	645	35	...	49	...	...	...	384	78
Dalserf,	3019	858	917	382	401	1104	252	11	140	8	16	...	708	75		
Dalziel,	8381	2536	2578	760	652	1987	173	76	307	4	6	...	1095	317		
Douglas,	401	131	134	107	121	290	16	...	36	...	...	...	181	47
East Kilbride,	468	175	165	99	94	289	11	3	53	1	3	2	124	69		
Glassford,	164	52	49	40	41	146	6	...	31	...	...	...	68	13
Hamilton,	7335	2192	2126	710	722	2281	529	26	340	21	54	7	1198	234		
Lanark,	2157	683	585	476	378	1214	87	12	175	4	19	1	705	143		
Lesmahagow,	1744	519	525	364	362	1081	35	13	102	...	4	2	620	106		
New Monkland,	6253	2072	2063	826	841	3135	461	91	654	4	16	10	1292	375		
Old Monkland,	7360	2956	2862	1420	1518	6066	838	301	1775	45	92	264	2351	587		
Rutherglen,	3978	1812	1799	352	378	1799	213	102	418	4	19	67	599	131		
Shotts,	4081	1466	1450	475	518	1495	131	39	250	9	5	13	854	139		
Stonehouse,	605	178	161	122	105	302	53	...	38	...	4	...	183	44		
Southern,	510	170	144	141	109	458	1	...	42	...	...	...	215	35
TOTAL,	72822	24550	24514	10170	10301	34748	4802	891	6408	135	407	517	16473	3998		

ment unless they themselves have experienced the benefits of such procedure. Miss Watson also remarks on the comparative *sang froid* of the children attending the clinics as compared with the nervousness and apprehensiveness of their parents. The following is a summary of the work performed by Miss Watson during the year:—

Total number of children treated, 3,101; extractions (temporary) 4,672; extractions (permanent), 383; fillings, 744; scalings, dressings, and cleanings, 16.

Taking the county as a whole, a not unsatisfactory result has been obtained. Out of 49,064 children notified as suffering from dental defect, 20,471 accepted treatment from the Authority's dentists, that is, a percentage of 41.7. These figures do not include those children who, as a result of dental inspection at school, sought treatment from their private dentists. If these numbers could be obtained it is probable that the treatment percentage would show a fairly substantial increase, but accurate information on the point is difficult to obtain.

The accompanying statistical table shows in detail the dental work overtaken in each School Management area during the year.

REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE, AND THROAT.

(DR JAMES ADAM.)

AT HAMILTON CLINIC.

For the year ending 31st July, 1929, 93 children made 207 attendances at the house surgery. This occupied 29 hours. In addition, 62 operations for tonsils and adenoids were performed under general anaesthesia at Beckford Street Hospital, Hamilton.

While the nose and ears in many of these tonsils and adenoids cases required some attention, there were 14 cases in which the nose required special treatment—resection of the nasal septum in 2 cases, removal of a choanal polyp in one, and treatment for a suppurating antrum in another.

There were 6 cases in which the ears required special attention, and of these 3 are of special note. One lad could hear the ordinary conversation voice at only 5 feet with one ear, and 6 inches with the other, but within a week of receiving treatment he could hear a whisper at 12 feet and 9 feet. The other two cases are the only cases of suppuration out of the whole 93, and were seen only once, neither returning for further treatment. This is a great reduction in the percentage of aural suppuration as compared with earlier days, and is due either to actual reduction in the numbers treated, in which case this is prevention largely attributable to earlier performance of the tonsil and adenoid operation, or the cases are being treated elsewhere.

These 93 children came from 44 schools, the largest number from any one school being 9 from St. Mary's R.C. School, Hamilton.

AT MOTHERWELL CLINIC.

	Under General Anæsthetic.	Under Local Anæsthetic.
No. of Necessitous Cases treated for Tonsils and Adenoids ...	122	—
No. of Necessitous Cases treated for Diseases of the Ear ...	2	27
No. of Necessitous Cases treated for Diseases of the Nose ...	2	123
	<hr/> 126	<hr/> 150
	<hr/>	<hr/>
Total Number of Attendances of School Children at the Clinic		434
Total Time occupied by Ear, Nose, and Throat Specialist (approximate number of hours)		68
Total Time occupied by Anæsthetist (approximate number of hours)		50

MINOR AILMENTS CLINICS.

There are now seven clinics for the treatment of minor ailments, situated at the following centres:—Rutherglen, Cambuslang, Hamilton, Larkhall, Motherwell, Airdrie, and Blantyre. The last mentioned clinic was opened in February of this year.

The prediction of the success which would follow the establishing of minor ailments clinics in several of the more densely populated districts has been amply fulfilled and the Authority's scheme fully justified. The numbers of children taking advantage of the treatment afforded show a definite increase this year, no fewer than 7133 children, who made an aggregate of 55,392 attendances, having received treatment at the various clinics. It will be recalled that clinics for minor ailments were first instituted in this County during the year 1925-26, and with each year there has been a most definite and progressive response on the part of the parents to the treatment facilities offered. In fact, the number of children coming forward for treatment is one of the most astonishing features of the Authority's treatment scheme. Deducting the number of patients who attended Blantyre minor ailments clinic, which only commenced functioning in February of this year, but which, up till the end of the school session, treated 518 children with 3,928 attendances, it is found that compared with last year there has been an increase of 550 in the number of patients and 3,315 in the number of attendances.

The number of mothers who accompany their children to the clinics still remains high and is strong evidence of the widespread interest taken in school medical treatment. The great majority of the parents are keenly interested in the scheme and are anxious to carry out at home the treatment prescribed. It is inevitable, however, that amongst such large numbers there is not a uniformly high degree of enthusiasm or standard of intelligence, so that the neglectful, indifferent, and ignorant mother is by no means unknown, and it is this latter class which adds so greatly to the difficulties of conducting a clinic. It has to be remembered that the excellent results achieved at these clinics, and, indeed, at all of the treatment clinics—dental, visual, and nose and throat—could never have been attained without the loyal and unremitting efforts of the Authority's doctors, dentists, and nurses.

There is a tendency on the part of many who read the bare statistics to study the figures without giving much thought as to the

amount of painstaking endeavour which must have been expended before such results were possible.

It is essential that if good results are to be effected and a high state of efficiency to be maintained the conditions under which the staff is to work must be the best possible. Every endeavour should, therefore, be made to have the treatment rooms commodious, well-lighted, well ventilated, and properly equipped, and in the case of the waiting accommodation for the patients this also should be well lighted, airy and comfortable.

A scrutiny of the records of the several minor ailments clinics shows that at all of the clinics, with the exception of Motherwell, diseases of the skin constitute the majority of the conditions treated, next in order being diseases of the eye. Cases of ringworm of the head are, fortunately, not common, but usually they call for prolonged treatment, and, frequently, resist all efforts at cure by drugs. Such cases have finally to be referred to an Institution for X-ray treatment.

At Rutherglen clinic (Dr. Mackenzie) the number of children treated for diseases of the eye was 339 with 2070 attendances; for skin diseases 822 with 3,656 attendances; for ear diseases 130 with 2023 attendances; for diseases of the nose, 28, with 153 attendances; and for ringworm, 9, with 28 attendances. That is to say, at this clinic 7930 attendances were made by the patients during the session.

At Cambuslang clinic (Dr. Mackenzie) the number of children treated is as follows:—For diseases of the eye, 313, with 2,529 attendances; skin diseases, 684, with 3,640 attendances; ear diseases, 91, with 1218 attendances; diseases of the nose, 10, with 126 attendances; and for ringworm, 18, with 83 attendances. That is, a total of 7,596 attendances was made by patients during the session.

At Hamilton clinic (Dr. Reekie) the number of children treated was:—For disease of the eye, 209, with 2348 attendances; diseases of the skin, 1190, with 6450 attendances; diseases of the ear, 144, with 3,039 attendances; diseases of the nose, 42, with 603 attendances; and for ringworm, 8, with 87 attendances. That is, a total of 12,527 attendances was made by patients during the session.

At Larkhall clinic (Dr. Reekie) the number of children treated was:—For diseases of the eye, 132, with 1,295 attendances; diseases

of the skin, 684, with 3,652 attendances; diseases of the ear, 88, with 2,931 attendances; diseases of the nose, 21, with 385 attendances; and ringworm, 7, with 98 attendances. That is, for the past session, a total of 8,361 attendances was made.

At Motherwell clinic (Dr. Young) the number of children treated was:—For diseases of the eye, 182, with 2,386 attendances; diseases of the skin, 314, with 1,974 attendances; diseases of the ear, 137, with 1,798 attendances; diseases of the nose, 29, with 322 attendances; and for ringworm, 17, with 250 attendances. This makes a total of 6,730 attendances during the year.

At Airdrie clinic (Dr. Wilson) the number of children treated was:—For diseases of the eye, 213, with 2,300 attendances; diseases of the skin, 663, with 3,895 attendances; diseases of the ear, 77, with 2,056 attendances; diseases of the nose, 1, with 1 attendance; and for ringworm, 13, with 68 attendances. That is, a total of 8,320 attendances was made by patients during the year.

At Blantyre clinic (Dr. Cornack) the number of children treated from February, 1929, till close of session (July, 1929) was:—For diseases of the eye, 518, with 1,393 attendances; diseases of the skin, 316, with 1,836 attendances; diseases of the ear, 47, with 580 attendances; diseases of the nose, 11, with 84 attendances; and for ringworm, 6, with 35 attendances. That is, a total of 3,928 attendances was made during the period February to July.

In addition to the work undertaken at the foregoing clinics there was a very large amount of treatment for minor ailments given at the clinics attached to the special schools for invalid children. Each of these latter clinics is visited daily by one of the Authority's trained nurses who undertakes the treatment of those children who may suffer from inflamed eyelids, septic sores, abrasions, ear discharge, etc. The cases are also seen from time to time by one of the members of the medical staff. Altogether no fewer than 12,299 treatments were given during the year:—

Drumpark Special School Clinic (Nurse Douglas) ...	7,813.
Gateside Special School Clinic (Nurse Park)	3,193.
Knowetop Special School Clinic (Nurse Chislett) ...	1,293.

The members of the medical staff desire to thank the head teachers and class teachers of the various schools which are served by the clinics for their assistance in sending the pupils to the clinics

MINOR AILMENTS.

TABLE G.—Showing (a) Number of Children treated at each Clinic; (b) Total Attendances made; (c) Nature of Ailment from which the children suffered.

	AIRDRIE CLINIC.			* BLANTYRE CLINIC.			CAMBUSLANG CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHER'VELL CLINIC.			RUTHERGLEN CLINIC.		
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.
Diseases of the Eye—																					
Blepharitis	40	53	1296	41	49	1030	42	49	847	53	51	1543	42	19	905	67	67	1907	63	42	796
Conjunctivitis	18	36	561	11	7	40	60	71	1125	28	27	317	17	11	115	17	19	345	78	61	774
Corneal Ulcer	—	4	38	2	1	7	2	2	10	—	2	3	1	—	4	2	4	86	—	3	14
Corneal Opacities	4	6	102	6	3	237	2	4	141	4	10	292	4	2	154	—	1	27	6	5	202
Ophthalmia and Phlyctenu- lar Conj.	5	5	93	1	1	6	7	10	81	1	5	28	3	1	13	—	—	—	9	8	75
Keratitis-Interstitial	2	—	65	1	1	2	1	1	28	—	—	—	1	—	4	—	—	—	—	2	17
Hordeolum (Stye)	20	10	113	3	8	51	19	18	101	13	9	77	17	10	94	1	3	17	23	18	101
Stillicidium	—	—	—	—	—	—	1	4	95	—	—	—	—	—	—	—	—	—	2	3	31
Other Diseases	4	6	32	2	1	20	11	9	101	5	1	88	4	—	6	1	—	4	7	9	60
	93	120	2300	67	71	1393	145	168	2529	104	105	2348	89	43	1295	88	94	2386	188	151	2070
Diseases of the Skin—																					
Impetigo Contagiosa	165	115	1757	74	70	860	125	82	968	269	185	2514	157	75	1178	80	86	879	127	87	1021
Eczema	7	6	105	4	7	140	53	27	452	54	34	893	29	20	594	3	9	129	44	15	314
Alopecia Areata	1	2	12	3	5	122	5	1	66	3	2	213	5	—	179	1	2	61	2	—	13
Scabies	16	8	146	8	4	54	10	17	119	24	19	277	8	4	83	8	8	121	6	3	14
Pediculosis Capitis, with Impet. Contag.	—	5	14	—	—	—	2	12	69	3	34	286	3	13	96	1	11	55	7	31	188
Pediculosis Capitis	—	3	13	—	—	—	1	6	16	—	—	—	—	—	—	1	2	12	5	19	65
Dermatitis Seborrhœica	5	6	98	4	16	115	24	20	302	2	6	23	2	1	11	8	8	117	31	22	334
Wounds & Septic Sores	157	75	1033	71	37	470	483	71	1169	352	171	2104	273	82	1441	51	29	544	201	110	1029
Psoriasis	1	3	63	1	—	6	2	2	115	1	1	24	—	—	—	1	1	5	2	4	56
Other Skin Diseases	58	30	654	6	6	69	23	18	364	13	17	116	6	6	70	2	2	51	66	40	622
	410	253	3895	171	145	1836	428	256	3640	721	469	6450	483	201	3652	156	158	1974	491	331	3656
Diseases of the Ear—																					
Chronic Suppurative Inflam- mation	40	24	2011	27	11	560	33	23	1044	81	47	2063	58	22	2899	37	54	1566	48	20	1548
Ceruminous Collection	5	3	18	4	2	15	17	10	97	2	2	14	1	—	1	15	13	68	16	12	103
Chronic Catarrh	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	3	3	76	4	4	26
Other Diseases	3	2	27	1	2	5	4	2	75	7	5	62	4	3	31	6	6	88	18	8	346
	48	29	2056	32	15	580	56	35	1218	90	54	3039	63	25	2931	61	76	1798	86	44	2023
Diseases of the Nose—																					
Nasal Catarrh	—	—	—	2	1	13	4	2	85	10	7	301	7	3	118	12	11	245	10	7	110
Nasal Obstruction	—	1	1	4	4	71	3	1	41	16	9	302	10	1	267	2	4	77	6	5	43
	—	1	1	6	5	84	7	3	126	26	16	603	17	4	385	14	15	322	16	12	153
Ringworm of Head	7	1	33	2	3	9	8	—	57	2	1	6	2	—	28	9	2	209	2	2	13
Ringworm of Body	2	3	35	1	—	26	7	3	26	2	3	31	3	2	70	5	1	41	4	1	15
	9	4	68	3	3	35	15	3	83	4	4	87	5	2	98	14	3	250	6	3	28

* Commenced February, 1923.

punctually and for their efforts to have all early cases of eye, skin, and ear disease put under medical care. Thanks are also due to the janitors who did all in their power to make the clinics as comfortable as possible.

The accompanying Table (G) shows in detail (a) the number of children treated at each clinic; (b) the total attendances made; and (c) the nature of the ailments from which the children suffered.

